

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENTINSPECTION REPORT

REPORT PREPARED FOR:

- ☐ Generator
☐ Transporter
☐ HWM (TSD) Facility
☒ *Delisting*

FACILITY INFORMATION

Name: Colgate-Palmolive Co.
Address: 105 Hudson St.
Jersey City NJ
Lot: _____ Block: _____
County: Hudson
Phone: (201) 547-2506
EPA ID #: NJD 062044367
Date of Inspection: 8/14/90

PARTICIPATING PERSONNEL

State or EPA Personnel: _____

Facility Personnel: Theodore MrozinskiReport Prepared by Name: Chris FeliceTTiRegion: MeTroTelephone #: (201) 664-3968Reviewed by: M. SteinerDate of Review: 9/20/90SEP 14 REC'D
~~SEP 18 REC'D~~

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS

This Colgate facility is the site of a Major ECRA clean up. The EPA ID # was assigned via the address of the administrative office at 105 Hudson st. The office has since been moved to 77 Greene st. The facility has already received a new EPA ID # for uses reflecting the new office location.

Clean up operations are continuing. All areas are cleaned out except for the area designated as G Block which is being worked on now - it will probably yield lab packs + oils. Also still under work and will yield waste oils.

Describe the activities that result in the generation of hazardous waste.

ECRA cleanup activities

Identify the hazardous waste located on site, and estimate the approximate quantities of each.
(Identify Waste Codes)

Lab packs + waste oils

☒ YES

NO (Explain)

MEMORANDUM

To: John Skovlan, Section Chief
Program Oversight Tracking and Reporting

From: Chan Baldeo, Section Chief *CB/90*
Bureau of Manifest and Information Systems

Subject: Delisting Petition - Inspection Referral

Date: APRIL 12, 1990

Enclosed please find:

1. A photocopy of a letter from

COLGATE-PALMOLIVE COMPANY
105 HUDSON ST.
JERSEY CITY, NEW JERSEY

requesting delisting as a generator of their EPA
identification number NJD062044367

2. A manifest report listing all manifests generated
by this company from 1986 to the present in date
order. If no report is attached it means that the
company has had no manifest activity during this
time period.

Please investigate the validity of this delisting request
and make the appropriate recommendations.

If you should have any questions or require any additional
information, please contact me at 3-1394.

RECEIVED

APR 12 1990

BUREAU OF COMPLIANCE
& TECHNICAL SERVICES



COLGATE-PALMOLIVE COMPANY

77 Greene St.
105 Hudson St.
Jersey City, NJ 07302

March 29, 1990

N.J.D.E.P.
Bureau of Hazardous Waste Mgmt., Manifest Section
CN 028
Trenton, N.J. 08625

Attn: Mr. Chan Baldeo

Re: Delisting of USEPA Hazardous Waste Generator I.D.#NJD062044367.

Dear Sir,

Be advised that Colgate-Palmolive Co. wishes to delist the above USEPA #(NJD062044367) formerly issued to this facility with site and mailing address of 105 Hudson St., J.C., N.J. due to the change of ownership of the 105 Hudson St. Tax Block #38. (See attached color coded Site Plan). The NJDEP "ECRA" (Case #86-361) clean-up was successfully accomplished and a clearance to transfer ownership of the property was received in late December of 1989. In anticipation of this transfer of ownership a letter requesting a change of mailing address was sent to both the USEPA & your agency on December 4, 1989. (See attached generic letter & Certified Mail return receipts). Since these letters drew no response it was assumed that the use of the existing I.D. number with a new mailing address would not pose any problems. On March 7, 1990 it was brought to my attention by one of our Hazardous Waste disposal brokers that the site & mailing addresses were still listed as 105 Hudson St., J.C., N.J. and that technically a manifest discrepancy was a possibility. Subsequent phone conversations with Mr. Abriness of the USEPA and you on 3/08/90 fostered us to seek a new I.D. #(NJD986576981) which was issued verbally to us on 3/20/90 by the USEPA after receipt of the appropriate paperwork.

Prior to receipt of the new I. D. #, in the interim (1/1/90-3/7/90), the following (9) shipments were sent off site using the initial I.D. #(NJD062044367) with the mailing address of 77 Greene St. J.C., N.J. rather than the 105 Hudson St., J.C., N.J. address;

- 1) MI1356116 on 1/31/90
- 2) AR422796 on 2/06/90
- 3) NYA5058513 on 2/15/90
- 4) NYA5058576 on 2/15/90
- 5) NYA5058531 on 2/15/90
- 6) NYB3020652 on 2/28/90
- 7) NYB3020670 on 3/01/90
- 8) MI1356127 on 3/06/90
- 9) NJA0826314 on 3/07/90

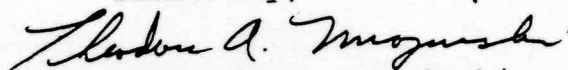
No discrepancy letters have been issued by Colgate-Palmolive Co. with regard to the above shipments to any of the receiving facilities

or controlling agencies. At present no shipments have been sent off-site using the new USEPA I.D. # (NJD986576981) although approvals are being pursued for future disposals in early April.

In light of the above please advise of any formal requirements for delisting the former 105 Hudson St., J.C., N.J. USEPA I.D. number. Also what if any correspondance should be accomplished to account for the interim period waste shipments with regard to initial I.D. number usage vs. new I.D. number usage.

I regret the inconvenience this may have created and would appreciate very much your prompt attention to this matter. Should you require further information or discussion of this matter please call me at (201) 547-2566 any weekday between 8:30 A.M. & 5:00 P.M. Thank you.

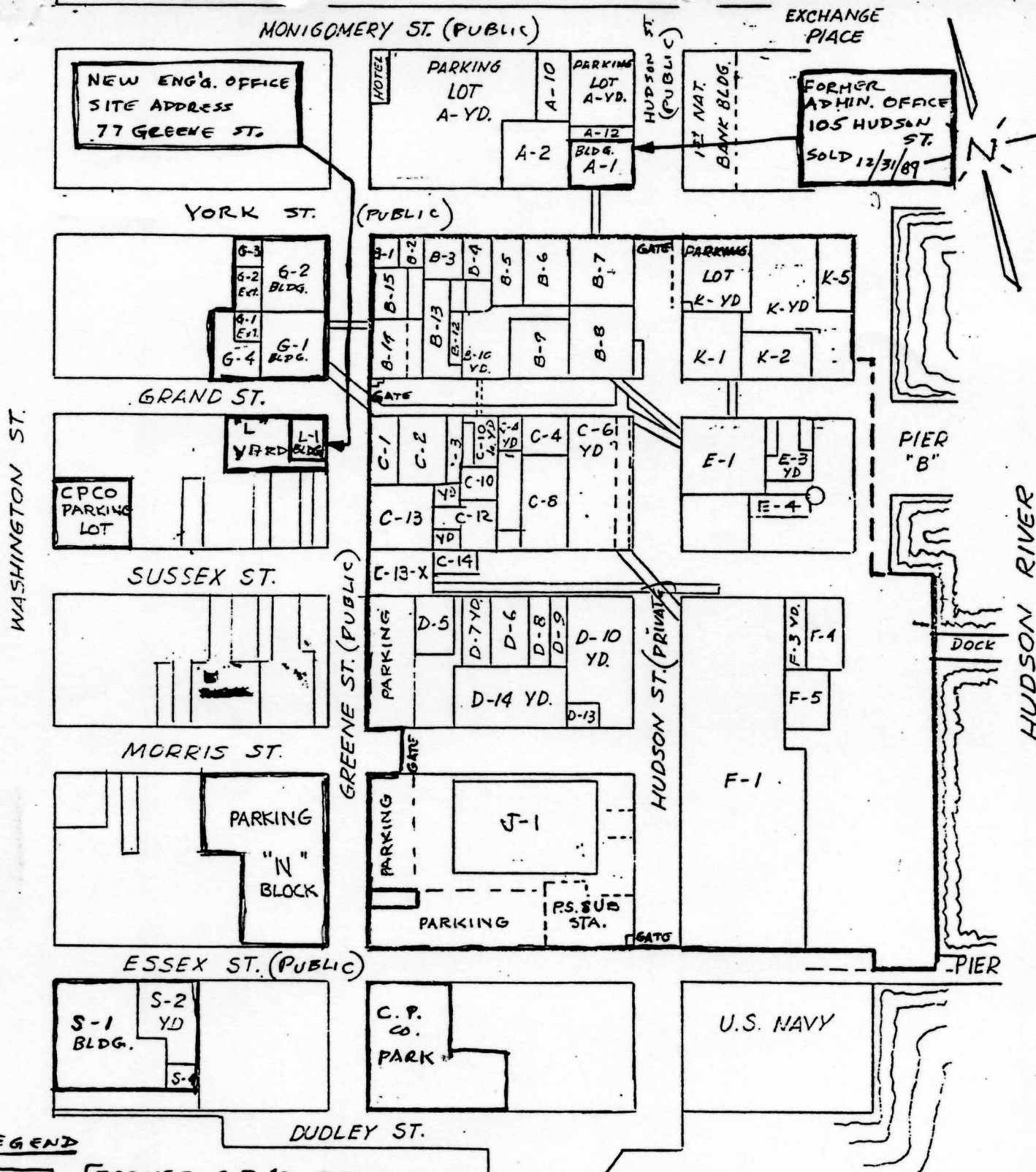
Sincerely,



Theodore A. Mrozinski
J.C. Plant Environmental Engr.

Attachments: (4).

Cc: Mr. Abriness, USEPA, 26 Federal Plaza, N.Y., N.Y.
Mr. Dan Rabinowitz, Shearman & Sterling, Counsellors
Ms. Joan Mantell, C.P. Co. Legal
Mr. Ross Royce, Assc. Dir., C.P. Co.



COLGATE-PALMOLIVE CO.

TITLE **BLOCK PLAN of COLGATE-PALMOLIVE Co. PROPERTY - JERSEY CITY**

| 1 | DATE | BY | REVISION | SCALE | NONE | DRAWN BY | LOCATION | Jersey City | SK- |
|---|------|---------|------------|----------|----------|----------|----------|-------------|-----|
| 2 | DATE | 3/16/90 | CHECKED BY | APPROVED | PROJECT- | | | | |

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: **U.S.E.P.A.**
PERMIT ADMINISTRATION BRANCH
Room 505
26 FEDERAL PLAZA
N.Y., N.Y. 10278

4. Article Number **P 409 008687**

Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery **DEC 12 1989**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-234-555

DOMESTIC RETURN RECEIPT

RECEIPT FOR DELIVERY
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to **U.S.E.P.A., PERMIT ADMIN. BRANCH**
Street and No. **Room 505, 26 Federal Plaza**
P.O. State and ZIP Code **N.Y., N.Y. 10278**
Postage **\$**
Certified Fee **\$**
Special Delivery Fee **\$**
Restricted Delivery Fee **\$**
Return Receipt showing to whom and Date Delivered **\$**
Return Receipt showing to whom, Date, and Address of Delivery **\$**
TOTAL Postage and Fees **\$ 2.00**
Postmark or Date

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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CM 028
TRENTON, N.J. 08625

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U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985



COLGATE-PALMOLIVE COMPANY

77 Greene St.
105 Hudson Street
Jersey City, NJ 07302

90 APR -6 PM 12:54

March 29, 1990

N.J.D.E.P.

Bureau of Hazardous Waste Mgmt., Manifest Section

CN 028

Trenton, N.J. 08625

Attn: Mr. Chan Baldeo

Re: Delisting of USEPA Hazardous Waste Generator I.D. #NJD062044367.

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- 3) NYA5058513 on 2/15/90
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- 5) NYA5058531 on 2/15/90
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- 7) NYB3020670 on 3/01/90
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- 9) NJA0826314 on 3/07/90

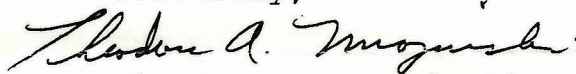
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I regret the inconvenience this may have created and would appreciate very much your prompt attention to this matter. Should you require further information or discussion of this matter please call me at (201) 547-2566 any weekday between 8:30 A.M. & 5:00 P.M. Thank you.

Sincerely,



Theodore A. Mrozinski
J.C. Plant Environmental Engr.

3 PLAN
Attachments: (4). COLOR CODED SITE, PREVIOUSLY TRANSMITTED.

Cc: Mr. Abriness, USEPA, 26 Federal Plaza, N.Y., N.Y.

Mr. Dan Rabinowitz, Shearman & Sterling, Counsellors

Ms. Joan Mantell, C.P. Co. Legal

Mr. Ross Royce, Assc. Dir., C.P. Co.



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT
32 E. Hanover St., CN 028, Trenton, N.J. 08625

DR. MARWAN M. SADAT, P.E.
DIRECTOR

LINO F. PEREIRA, P.E.
DEPUTY DIRECTOR

22 MAY 1985

David J. Goldberg
Warren, Goldberg, Berman & Lubitz
112 Nassau Street
P.O. Box 645
Princeton, NJ 08542

RE: Extension of NJDEP Part B Application Due Date for the Hazardous Waste Facility of Colgate-Palmolive, Jersey City, NJ, EPA ID NO. NJD 062 044 367

Dear Mr. Goldberg:

The Bureau of Hazardous Waste Engineering (the Bureau) is in receipt of your letter dated May 3, 1985, which requests an extension for submitting the hazardous waste TSD facility Part B application for the above referenced facility.

As the Bureau informed you in earlier correspondence, the New Jersey Department of Environmental Protection has drafted a proposal to provide for a conditional "generator only" classification for the on-site accumulation of hazardous waste in aboveground tanks for periods of ninety (90) days or less.

The subject company has indicated that should said proposal be adopted by the Department, then the referenced facility may become eligible for exclusion of the tank storage activity from TSD facility permit requirements (N.J.A.C. 7:26-12.2 et seq.).

Consequently, this Bureau is agreeable to granting an indefinite extension for the Part B call-in due date for the referenced facility, until the Department's position regarding the exemption from TSD facility requirements of on-site generator accumulation of waste in tanks for ninety (90) days or less is finally resolved.

Should you have any questions on this matter, please contact this office at (609) 984-4892.

Very truly yours,

Frank Coolick, Chief
Bureau of Hazardous Waste Engineering

EP46/slw

c: Angel Chang, USEPA

New Jersey Is An Equal Opportunity Employer



COLGATE-PALMOLIVE COMPANY

ENVIRONMENTAL PROTECTION
AGENCY, REGION 11
NEW YORK, N.Y.

Jersey City, NJ 07302

89 DEC 12 PM 1:11

ENVIRONMENTAL PROTECTION
BRANCH

✓ cha mail address
✓ 12/13/89

1 December 1989

U.S.E.P.A.
Permit Administration Branch
Room 505
26 Federal Plaza
N.Y., N.Y. 10278

Re: U.S.E.P.A. Generator I. D. No. NJD062044367

To whom it may concern,

Be advised that the mailing address for this facility
for all future correspondence has been changed from;

105 Hudson St., J.C., N.J. 07302

to

77 Greene St., J.C., N.J. 07302

Relocation of the Engineering Office at this site
fostered this change. All other particulars remain
the same. Please change your records accordingly.
Thank you for your attention to this detail.

Sincerely yours,

Theodore A. Mrozinski

Theodore A. Mrozinski
J.C. Plant Environmental Engr.

1 December 1989

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Be advised that the mailing address for this facility
for all future correspondence has been changed from;

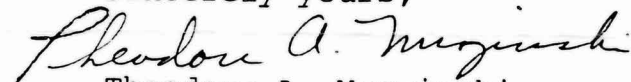
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J.C. Plant Environmental Engr.

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3. Article Addressed to: **U. S. E. P. A.**
PERMIT ADMINISTRATION BRANCH
Room 505
26 FEDERAL PLAZA
N. Y., N. Y. 10278

4. Article Number **P 409 008687**

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature — Addressee **X**

6. Signature — Agent **X**

7. Date of Delivery **DEC 12 1989**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

RECEIPT FOR DELIVERY
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to **U. S. E. P. A., PERMIT**
ADMIN. BRANCH
Street and No. **Room 505, 26 FEDERAL PLAZA**
P.O. State and ZIP Code **N. Y., N. Y. 10278**

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees \$ **2.00**

Postmark or Date

PS Form 3800, June 1985 *U.S.G.P.O. 1989-234-555

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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BUREAU OF MANIFEST & INF. SYS.
401 E. STATE ST.
CIVIL 2B
TRENTON, N. J. 08625

4. Article Number **P 409 008686**

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☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

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OF MANIFEST & INF. SYSTEMS
Street and No. **401 E. STATE ST.**
P.O. State and ZIP Code **CN 028, TRENTON, N. J. 08625**

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees \$ **2.00**

Postmark or Date

PS Form 3800, June 1985 *U.S.G.P.O. 1989-234-555



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA GENERATOR INSPECTION CHECKLIST

214

Rec'd in PAS
3/24/81

Generator's Name:

COLGATE-PALMOLIVE

EPA I.D. #:

N/DJ 62044367

Generator's Address: _____

Contact:

Martin Moore

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Does generator have an EPA I.D. number? | (X) | () |
| 2. Does generator store material on-site? | (X) | () |
| 3. Is waste accumulated for more than <u>90</u> days? | (X) | () |
| 4. Does generator manifest waste? | (X) | () |
| 5. Does manifest show following information: | | |
| a. Name, address, I.D. of generator | (X) | () |
| b. Name, address, I.D. of transporter | (X) | () |
| c. Name, address, I.D. of designated facility | (X) | () |
| d. Name, of alternative facility | () | (X) |
| e. DOT waste description | (X) | () |
| f. Quantity of waste-volume, weight, number of containers | (X) | () |
| g. Signed certification statement | (X) | () |
| 6. Does generator maintain manifest records? | (X) | () |
| 7. General Comments: | | |
| <u>The company is not planning</u> <u>to hold the waste longer the more than</u> <u>necessary -</u> | | |

Inspected By:

S. L. Linn

Date:

March 19, 1981

e. Waste Analysis Plan

Comments:

()

()

f. Preparedness and Prevention Plans

Comments:

()

()

6. Has the facility filed a part A permit application?

(X)

()

7. Does the facility maintain manifest records?

(X)

()

8. Does the facility have other environmental permits?

()

()

a. NPDES

()

()

b. Air

()

()

c. State

--identify

()

()

d. Other

--identify

()

()

9. Identify hazardous wastes handled and method for handling

10. General Comments

The waste is well contained and should give no problems. The subsurface tank cannot be explored, but the level is checked for ball indication.

Inspected by:

Date:

Sharon
March 19, 81

Part + incidents S01 + S02 only.
Delete - TSD; not comments to
incidents state TSD due to S02.
obs use



Delia
TOM

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 027, Trenton, N.J. 08625

JACK STANTON
DIRECTOR

07 APR 1983

LINO F. PEREIRA
DEPUTY DIRECTOR

Martin J. Moore
Environmental Engineer
Colgate-Palmolive Company
105 Hudson Street
Jersey City, New Jersey 07302

RE: Facility Operating Status

Dear Mr. Moore:

The Bureau of Hazardous Waste Engineering has reviewed your company's response to the Notice of Violation, Failure to Submit Annual Report. The Bureau finds that the response contains adequate information to determine the operating status of this facility with respect to N.J.A.C. 7:26-1 et seq., the New Jersey Hazardous Waste Management Regulations. The Bureau has determined that the company's hazardous waste treatment, storage or disposal facility as delineated in the company's RCRA Part A application and identified by the following EPA ID Number:

EPA ID NO. NJD062044367

is not excluded from regulation under N.J.A.C. 7:26-1.1 et seq. because it includes the activity S02-storage in tanks. The exclusion for accumulation of hazardous waste for 90 days or less under N.J.A.C. 7:26-9.3 extends only to storage in containers or in a pile of less than 200 cubic yards. This exclusion does not include storage in tanks.

Therefore, your facility should conform with the interim operating requirements of N.J.A.C. 7:26-1 et seq. for "existing facilities" which would include the TSD facility annual report.

Instructions for completing an annual report for a TSD facility pursuant to N.J.A.C. 7:26-7.6(f)2 are attached for your reference. This office will allow a 30 day extension from the date of this letter for the submission of the required annual report.

If you have any questions on this matter, please call my office at (609) 292-9880.

Very truly yours,

Frank Coolick

Frank Coolick, Chief

Bureau of Hazardous Waste Engineering

FC:jb

Attachment

cc Dave Shotwell NJDEP, Division of Waste Management
Joel Golumbek USEPA, Region I, An Equal Opportunity Employer

533
SL WL
JH
HML/DYS
6/20/83-V5
file

*Delete TSD
Also In part P32*

Part B

APR 07 1983

Mr. Fred F. Peterson
Plant Manager
Colgate Palmolive Company
105 Hudson Street
Jersey City, NJ 07302

Re: EPA ID No. NJDO62044367

Dear Mr. Peterson:

*delete all
TSD and
add gen*

The Environmental Protection Agency (EPA) Region II has reviewed your March 14, 1983 letter and based upon the information presented we have determined that the above mentioned facility will no longer be considered to have interim status, and will not be allowed to treat, store or dispose of hazardous waste. However, the facility will remain in our records as a generator only. As a generator of hazardous waste the facility will have to comply with the 40 CFR 262 standards applicable to generators of hazardous waste.

*JH
HUMS
4/25/83*

Please be advised that if in the future Colgate Palmolive Company decides to re-apply for a hazardous waste permit, it would have to obtain a permit as if the facility was a new facility.

If you have any questions you can contact Mr. Robert Gantzer, of my staff, at 212-264-1829.

Sincerely yours,

file

Joel Columbek
Chief
NJ/Caribbean Hazardous Waste Section
Solid Waste Branch

cc: Frank Coolick, NJDEP

bcc: ✓ Tom Taccone, 2PM-PA



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr Martin Moore
Environmental Engineer
Colgate Ralmoive Company, Inc.
105 Hudson Street
Jersey City, New Jersey 07302

8/24/82

Re: Jersey City, NJ Facility
ID No. NJD062044367

Dear Mr. Moore:

Section 3005 of the Resource Conservation and Recovery Act (RCRA) mandates the Environmental Protection Agency (EPA) to establish a program requiring permits for hazardous waste treatment, storage, and disposal facilities. EPA has issued regulations to implement this permit program, which are published at 40 CFR Parts 122, 261, 264 and 265.

Pursuant to these regulations, you have already submitted Part A of your permit application. This letter constitutes an official request for Part B of the application for the above-referenced facility. Your application must be submitted by no later than 180 days from date of this letter. Please note that your failure to submit the necessary information by the required date may be grounds for termination of interim status pursuant to 40 CFR §122.22 (a)(5).

In order to prepare your Part B application and make any necessary revisions to your Part A application, you may need to refer to the following:

1. 40 CFR §122.25: The required contents of the Part B application. This document has been enclosed for your convenience. We recommend that your application format follow the order of the Part B contents set out in this regulation. This should assist you in assessing the completeness of your submittal.
2. 40 CFR Part 261: The identification and listing of hazardous waste. This regulation has been extensively amended since you submitted your Part A application. In order to insure that your submittal is up-to-date, we recommend that you review your operation in light of this current list.
3. 40 CFR Part 264: Standards for hazardous waste treatment, storage and disposal facilities. This regulation sets forth the technical standards which must be met by these facilities.

All of the above-cited regulations were most recently published in the Code of Federal Regulations update of July 1, 1981. For your convenience, we have also enclosed a list of all of the pertinent amendments to these regulations made subsequent to that date.

Please be advised that, although your application is not due until the above-referenced date, early submittals are encouraged. This will serve to expedite the review of your application and the subsequent issuance of a permit. All submittals should be made to:

Permits Administration Branch
U.S. Environmental Protection Agency
26 Federal Plaza
New York, New York 10278

You may, if you so desire, assert a business confidentiality claim covering all or part of the information contained in the permit application. Information so designated will be disclosed by EPA pursuant to the procedures set forth in 40 CFR Part 2, Subpart B.

If you have any questions about the contents of the application or this letter, please contact Mr. Ronald Testa at 212-264-1369.

Sincerely yours,

Conrad Simon
Director
Air and Waste Management Division

Enclosures

*Revised
Part B due
date at file.
(Indicate in comments
that date was extended)*

MAR 02 1983

Mr. Martin J. Moore
Environmental Engineer
Colgate-Palmolive Company
105 Hudson Street
Jersey City, New Jersey 07302

Re: Colgate-Palmolive Company
EPA ID No. NJD062044367

Dear Mr. Moore:

The Environmental Protection Agency (EPA) is in receipt of your letter dated February 18, 1983, requesting a 30-day extension for submission of the Part B application. The request is granted. However, as stated in the Federal Regulations at 40 CFR 122.22, failure to furnish a requested Part B application on time, or to furnish in full the information required by the Part B application, is grounds for termination of interim status. Any further delay in the submission of your Part B application will require a consideration of that option on our part. Therefore, it is expected that the application will be submitted to this office by no later than March 22, 1983.

Sincerely yours,

Joel Columbek
Chief
NJ/Caribbean Hazardous Waste Section
Solid Waste Branch

bcc: ✓ Tom Taccone, 2PM-PA

*10101-
delete
due date*

*530
reg
for ext
granted*

*gH
HWMMS
3/17/83*

file



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•NJ0062044367

INSTALLATION ADDRESS

COLGATE PALMOLIVE CO INC
105 HUDSON STREET
JERSEY CITY

NJ 07302

105 HUDSON STREET
JERSEY CITY

NJ 07302

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

| | |
|----------------------------------|--|
| INSTALLATION'S EPA I.D. NO. | NJD062044367 |
| I. NAME OF INSTALLATION | |
| II. INSTALLATION MAILING ADDRESS | COLGATE PALMOLIVE CO INC 105 HUDSON STREET JERSEY CITY, NJ 07302 |
| III. LOCATION OF INSTALLATION | 105 HUDSON STREET JERSEY CITY, NJ 07302 |

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

| | | |
|--------------------------------|----------|---------------------------------|
| INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day) |
| NJD062044367 | | 800818 |

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

| | | |
|--------------|-----|----------|
| CITY OR TOWN | ST. | ZIP CODE |
| | | |

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

| | | |
|--------------|-----|----------|
| CITY OR TOWN | ST. | ZIP CODE |
| | | |

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

| | |
|---------------------------------|--------------|
| BEN CZE DAVI D MANAGER PLT ENGR | 201-547-2555 |
|---------------------------------|--------------|

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

| |
|-----------------------------|
| COLGATE - PALMOLIVE COMPANY |
|-----------------------------|

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| W | N | J | D | 0 | 6 | 2 | 0 | 4 | 4 | 3 | 6 | 7 | 2 | 1 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |

X. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

1. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------------|-------------------------|-------------------------|---------------|---------------|---------------|
| 1 F 0 0 2 23 - 26 | 2 F 0 0 3 23 - 26 | 3 F 0 0 5 23 - 26 | 4 23 - 26 | 5 23 - 26 | 6 23 - 26 |
| 7 23 - 26 | 8 23 - 26 | 9 23 - 26 | 10 23 - 26 | 11 23 - 26 | 12 23 - 26 |

2. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 13 23 - 26 | 14 23 - 26 | 15 23 - 26 | 16 23 - 26 | 17 23 - 26 | 18 23 - 26 |
| 19 23 - 26 | 20 23 - 26 | 21 23 - 26 | 22 23 - 26 | 23 23 - 26 | 24 23 - 26 |
| 25 23 - 26 | 26 23 - 26 | 27 23 - 26 | 28 23 - 26 | 29 23 - 26 | 30 23 - 26 |

3. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 31 P 0 0 1 23 - 26 | 32 P 0 2 2 23 - 26 | 33 P 0 9 0 23 - 26 | 34 P 1 0 0 23 - 26 | 35 P 1 0 6 23 - 26 | 36 U 0 0 2 23 - 26 |
| 37 U 0 0 3 23 - 26 | 38 U 0 0 4 23 - 26 | 39 U 0 1 2 23 - 26 | 40 U 0 1 3 23 - 26 | 41 U 0 1 9 23 - 26 | 42 U 0 2 1 23 - 26 |
| 43 U 0 3 1 23 - 26 | 44 U 0 4 4 23 - 26 | 45 U 0 5 4 23 - 26 | 46 U 0 8 0 23 - 26 | 47 U 0 8 8 23 - 26 | 48 U 1 0 2 23 - 26 |

4. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|---------------|---------------|---------------|---------------|---------------|---------------|

5. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

WVJD06204436721

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 7 | 8 | 9 | 10 | 11 | 12 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 25 | 26 | 27 | 28 | 29 | 30 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 31 | 32 | 33 | 34 | 35 | 36 |
| U 2 2 0 | U 2 3 9 | | | | |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 43 | 44 | 45 | 46 | 47 | 48 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 49 | 50 | 51 | 52 | 53 | 54 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE (D001)

☒ 2. CORROSIVE (D002)

☒ 3. REACTIVE (D003)

☒ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Fred F. Peterson

NAME & OFFICIAL TITLE (type or print)

Fred F. Peterson, Plant Manager

DATE SIGNED

8/15/80

ap

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION
MAILING
ADDRESSIII. LOCATION
OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 7 | 8 | 9 | 10 | 11 | 12 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 25 | 26 | 27 | 28 | 29 | 30 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 31 | 32 | 33 | 34 | 35 | 36 |
| U 1 0 8 | U 1 1 2 | U 1 1 7 | U 1 2 2 | U 1 2 3 | U 1 3 4 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| U 1 3 5 | U 1 4 4 | U 1 4 7 | U 1 5 1 | U 1 5 4 | U 1 5 9 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 43 | 44 | 45 | 46 | 47 | 48 |
| U 1 8 8 | U 1 9 6 | U 2 0 1 | U 2 0 2 | U 2 1 0 | U 2 1 1 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 49 | 50 | 51 | 52 | 53 | 54 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

ep

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | |
|---|---------------------------------------|---|---|---|-------|---------------------------------------|---|---|---|---|---------------------------------|--------------------------|--|--|-----------------------|--|---|--|--|--|--|--|--|--|--|
| W N J D 0 6 2 0 4 4 3 6 7 3 1 | | | | | | | | | | | | | | | W DUP 3 2 DUP | | | | | | | | | | |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | | | | | B. ESTIMATED ANNUAL QUANTITY OF WASTE | | | | | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | | | | | | | |
| | | | | | | | | | | | | 1. PROCESS CODES (enter) | | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | | | |
| 1 | P | 0 | 0 | 1 | 10 | 000 | P | S | 0 | 1 | | | | | | | | | | | | | | | |
| 2 | P | 0 | 2 | 2 | 10 | 000 | P | S | 0 | 1 | | | | | | | | | | | | | | | |
| 3 | P | 0 | 9 | 0 | 10 | 000 | P | S | 0 | 1 | | | | | | | | | | | | | | | |
| 4 | P | 1 | 0 | 0 | 200 | 000 | P | S | 0 | 1 | | | | | | | | | | | | | | | |
| 5 | P | 1 | 0 | 6 | 10 | 000 | P | S | 0 | 1 | | | | | | | | | | | | | | | |
| 6 | D | 0 | 0 | 1 | 8000 | 000 | P | S | 0 | 2 | | | | | | | | | | | | | | | |
| 7 | D | 0 | 0 | 2 | 35000 | 000 | P | S | 0 | 2 | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 24 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 26 | | | | | | | | | | | | | | | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

| | | | | | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|---|----|----|----|-----|----|
| EPA I.D. NO. (enter from page 1) | | | | | | | | | | | | | |
| 6 | 5 | 4 | 3 | 2 | 1 | 0 | 9 | 8 | 7 | 6 | 5 | T/A | C |
| F | N | J | D | 0 | 6 | 2 | 0 | 4 | 4 | 3 | 6 | 7 | 36 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |

$$F6: \frac{A}{55}$$

$$F6: \frac{A}{56}$$
V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

| LATITUDE (degrees, minutes, & seconds) | | | | | | | | | | | | LONGITUDE (degrees, minutes, & seconds) | | | | | | | | | | | |
|--|----|----|----|----|----|----|--|--|--|--|--|---|----|----|----|----|----|----|---|--|--|--|--|
| 4 | 0 | 4 | 2 | 5 | 3 | 0 | | | | | | 6 | 7 | 4 | 0 | 2 | 0 | 3 | 0 | | | | |
| 65 | 66 | 67 | 68 | 69 | 70 | 71 | | | | | | 72 | 73 | 74 | 75 | 76 | 77 | 78 | | | | | |

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| 1. NAME OF FACILITY'S LEGAL OWNER | | | | | | | | | | | | 2. PHONE NO. (area code & no.) | | | | | | | | | | | |
| E | | | | | | | | | | | | | | | | | | | | | | | |
| 3. STREET OR P.O. BOX | | | | | | | | | | | | 4. CITY OR TOWN | | | | | | | | | | | |
| F | | | | | | | | | | | | G | | | | | | | | | | | |
| 5. ST. | | | | | | | | | | | | 6. ZIP CODE | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

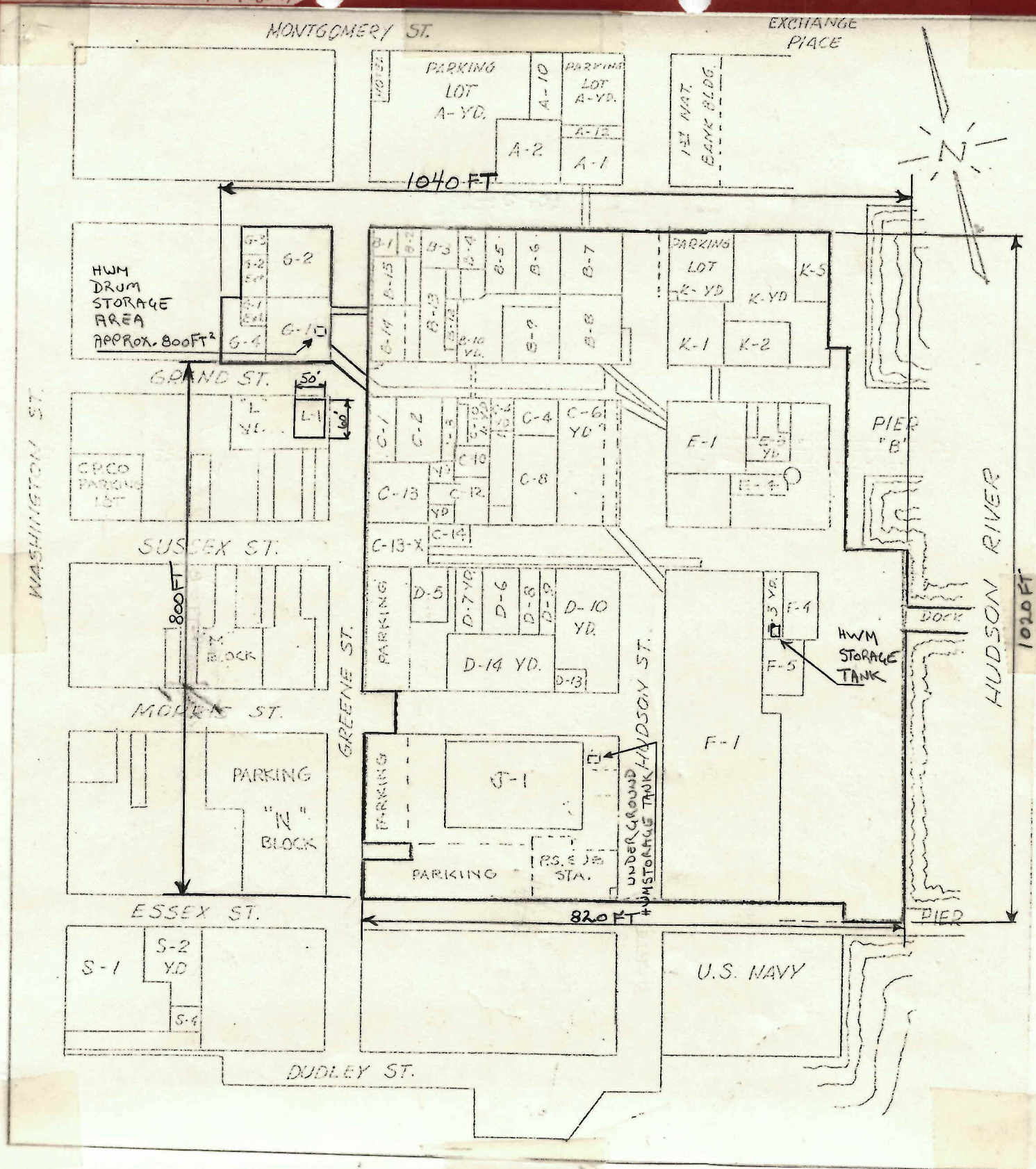
| | | |
|-------------------------|-----------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
| John G. Schulte | John G. Schulte | 11/13/80 |

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|-------------------------|--------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
| | | |

V. FACILITY DRAWING (see page 4)



SCALE 1 IN. = 200 FT.

FORM 1
GENERAL
EPA
U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| F | N | J | D | 0 | 6 | 2 | 0 | 4 | 4 | 3 | 6 | 7 | 3 | D |

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

NJD062044367

COLGATE PALMOLIVE CO INC
105 HUDSON STREET
JERSEY CITY, NJ 07302

105 HUDSON STREET
JERSEY CITY, NJ 07302

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

| SPECIFIC QUESTIONS | MARK 'X' | | | SPECIFIC QUESTIONS | MARK 'X' | | |
|--|----------|----|---------------|--|----------|----|---------------|
| | YES | NO | FORM ATTACHED | | YES | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | X | | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | X | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | X | | X | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | X | |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | X | | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | X | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |

III. NAME OF FACILITY

1 **SKIP** COLGATE PALMOLIVE COMPANY INC

IV. FACILITY CONTACT

| A. NAME & TITLE (last, first, & title) | | | | B. PHONE (area code & no.) | | | |
|--|---------------|-------------------|-----|----------------------------|------|--|--|
| 2 | MOORE, MARTIN | ENVIRONMENTAL ENG | 201 | 547 | 2923 | | |

V. FACILITY MAILING ADDRESS

| A. STREET OR P.O. BOX | | B. CITY OR TOWN | | C. STATE | D. ZIP CODE |
|-----------------------|-------------------|-----------------|-------------|----------|-------------|
| 3 | 105 HUDSON STREET | 4 | JERSEY CITY | NJ | 07302 |

VI. FACILITY LOCATION

| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | B. COUNTY NAME | | C. CITY OR TOWN | D. STATE | E. ZIP CODE | F. COUNTY CODE (if known) |
|---|-------------------|----------------|--------|-----------------|----------|-------------|---------------------------|
| 5 | 105 HUDSON STREET | 6 | HUDSON | JERSEY CITY | NJ | 07302 | |

VII. SIC CODES (4-digit, in order of priority)

| A. FIRST | | | | | | | | | | B. SECOND | | | | | | | | | | | | | | | | | | | |
|----------|----|-----------|----|----|---|------------------------------------|--|--|--|-----------|---|---|-----------|---|----|----|---|----|----|--|--|--|--|--|--|--|--|--|--|
| C | 7 | 2 | 8 | 4 | 1 | (specify) SOAPS & OTHER DETERGENTS | | | | | C | 7 | 2 | 8 | 4 | 4 | (specify) PERFUMES, COSMETICS & OTHER TOILET PREPARATIONS | | | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | | | | | | | | | | | 15 | 16 | 17 | 18 | 19 | | | | | | | | | | |
| C. THIRD | | | | | | | | | | D. FOURTH | | | | | | | | | | | | | | | | | | | |
| C | 7 | (specify) | | | | | | | | | C | 7 | (specify) | | | | | | | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | | | | | | | | | | | 15 | 16 | 17 | 18 | 19 | | | | | | | | | | |

VIII. OPERATOR INFORMATION

| A. NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|----|---|----|----|----|----|----|----|----|-------------|----|----|----|----|----|----|----|----|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| C | 8 | C | O | L | G | A | T | E | P | A | L | M | O | L | I | V | E | C | O | . | I | N | C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D. PHONE (area code & no.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | A 2 1 2 7 5 1 1 2 0 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 0 0 P A R K A V E . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | G. STATE | | | | | | | | | | H. ZIP CODE | | | | | | | | | | IX. INDIAN LAND | | | | | | | | | | | | | | | |
| B N E W Y O R K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N Y | | | | | | | | | | 1 0 0 2 2 | | | | | | | | | | Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | | | | | | |
| 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water) | | | | | | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|----|-------------------------|----|----|----|----|----|----|----|----|----|----|----|--|----|-----------|-------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| C | 9 | N | N J 0 0 0 0 9 5 7 | | | | | | | | | | | | C | 9 | P | S E E B E L O W * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | 9 | U | | | | | | | | | | | | | C | 9 | (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | 9 | R | N J D 0 6 2 0 4 4 3 6 7 | | | | | | | | | | | | C | 9 | (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

THE MANUFACTURING OF SOAPS, DETERGENTS, CLEANSERS AND PERSONAL CARE PRODUCTS.

* PSD PERMIT APPROVED BY LETTER DATED MAY 13, 1980

F9: A/SI

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| NAME & OFFICIAL TITLE (type or print) | B. SIGNATURE | C. DATE SIGNED |
|--|------------------------|----------------|
| John G. Schulte - Vice President, Manufacturing | <i>John G. Schulte</i> | 11/13/80 |

COMMENTS FOR OFFICIAL USE ONLY

| | | | | | | | | | | | | | | |
|------------------------------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| FORM 3 RCRA |  | ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.) | I. EPA I.D. NUMBER | | | | | | | | | | | |
| | | | S F N J D 0 6 2 0 4 4 3 6 7 T/A C 3 1 | | | | | | | | | | | |

FOR OFFICIAL USE ONLY

| APPLICATION APPROVED | DATE RECEIVED (yr., mo., & day) | COMMENTS |
|----------------------|---------------------------------|----------|
| 23 | 24 - 29 | |

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

☐ **2. NEW FACILITY** (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ **1. FACILITY HAS INTERIM STATUS**

☐ **2. FACILITY HAS A RCRA PERMIT**

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|--------------|--|
| Storage: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS |
| TANK | S02 | GALLONS OR LITERS |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS |

| | | |
|---------------------|-----|--|
| Disposal: | | |
| INJECTION WELL | D79 | GALLONS OR LITERS |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER |
| LAND APPLICATION | D81 | ACRES OR HECTARES |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS |

Treatment:

| | | |
|---|-----|--|
| TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | T04 | GALLONS PER DAY OR LITERS PER DAY |

| UNIT OF MEASURE | UNIT OF MEASURE CODE |
|---------------------------|----------------------|
| GALLONS | G |
| LITERS | L |
| CUBIC YARDS | Y |
| CUBIC METERS | C |
| GALLONS PER DAY | U |

| UNIT OF MEASURE | UNIT OF MEASURE CODE |
|--------------------------------|----------------------|
| LITERS PER DAY | V |
| TONS PER HOUR | D |
| METRIC TONS PER HOUR | W |
| GALLONS PER HOUR | E |
| LITERS PER HOUR | H |

| UNIT OF MEASURE | UNIT OF MEASURE CODE |
|-------------------------|----------------------|
| ACRE-FEET | A |
| HECTARE-METER | F |
| ACRES | B |
| HECTARES | Q |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| S C DUP T/A C 1 | | | | | | | | | | | |
|----------------------------|-----------------------------------|----------------------------|---------------------------------|-----------------------|-------------|-----------------------------------|----------------------------|---------------------------------|-----------------------|--|--|
| 1 2 - 13 14 15 | | | | | | | | | | | |
| LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | FOR OFFICIAL USE ONLY | | |
| | | 1. AMOUNT (specify) | 2. UNIT OF MEASURE (enter code) | | | | 1. AMOUNT | 2. UNIT OF MEASURE (enter code) | | | |
| X-1 | S 0 2 | 600 | G | | 5 | | | | | | |
| X-2 | T 0 3 | 20 | E | | 6 | | | | | | |
| 1 | S 0 1 | 3300 006 | G | | 7 | | | | | | |
| 2 | S 0 2 | 9380 000 | G | | 8 | | | | | | |
| 3 | | | | | 9 | | | | | | |
| 4 | | | | | 10 | | | | | | |
| 16 - 18 19 - 27 28 29 - 32 | | | | | | | | | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS..... P
TONS..... T

METRIC UNIT OF MEASURE CODE
KILOGRAMS..... K
METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

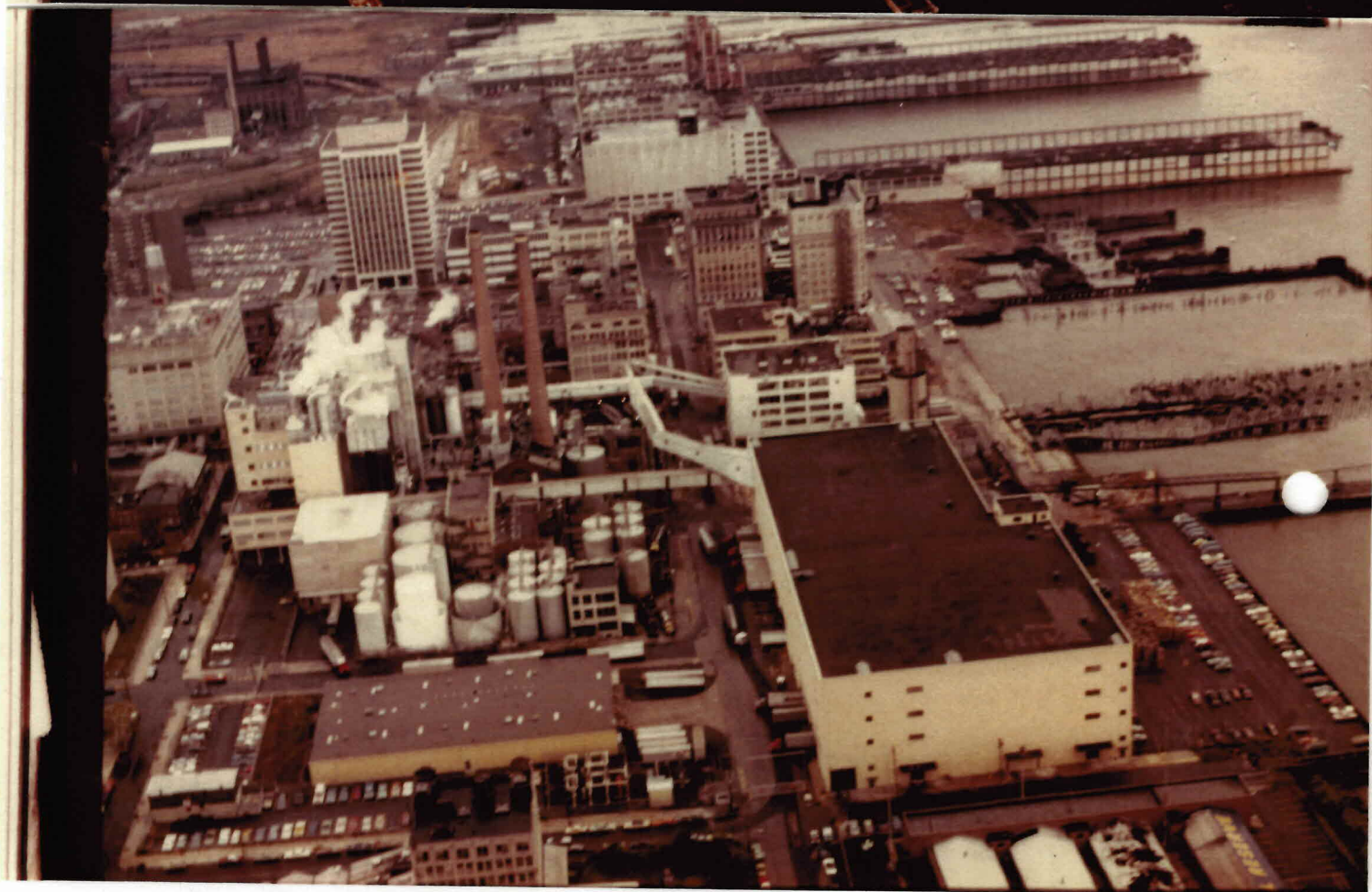
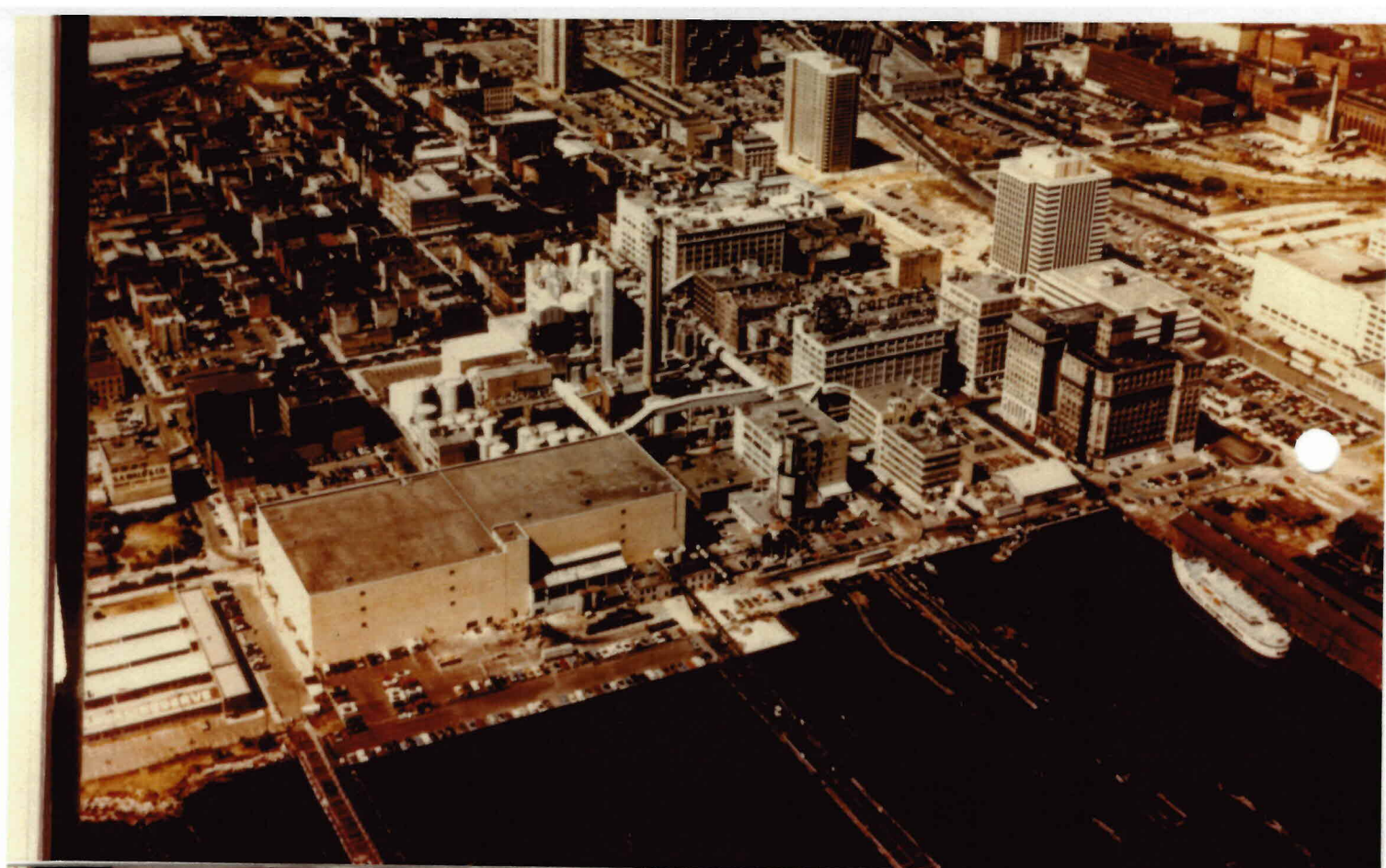
1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|--|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |







Short term tanks

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT
32 E. Hanover St., CN 028, Trenton, N.J. 08625

DR. MARWAN M. SADAT, P.E.
DIRECTOR

RICHARD C. SALKIE, P.E.
ASSOCIATE DIRECTOR

Martin J. Moore, Environmental Manager
Colgate-Palmolive Company
105 Hudson Street
Jersey City, NJ 07302

DEC 13 1985

RE: Short-Term Tank Storage Permitting Exemption for Colgate-Palmolive Company, Jersey City, EPA ID NO. NJD 062 044 367

Dear Mr. Moore:

Your Jersey City plant is presently operating as an existing TSD facility pursuant to the New Jersey Hazardous Waste Management Regulations under N.J.A.C. 7:26-1 et seq. The Department issued an official request for submission of the complete New Jersey Hazardous Waste Facility Permit Application on April 5, 1984. Colgate-Palmolive, instead, sought reclassification of the subject facility from TSD facility to generator of hazardous waste only status. The Department extended the deadline for Part B submission indefinitely, awaiting promulgation of the regulations permitting short-term tank storage exemption of hazardous wastes, on May 22, 1985. This extension was granted due to the fact that New Jersey Hazardous Waste Management Regulations did not allow exemption from permitting requirements for hazardous waste storage in tanks at that time.

Please be advised that Regulations for short-term tank storage permitting exemption became effective on December 2, 1985. A copy of the new regulations is enclosed. Your company may now seek reclassification of the above subject facility from a TSD facility status to the generator of hazardous waste only.

The Bureau requests that your company demonstrate compliance with the following requirements of N.J.A.C. 7:26-9.3 for both the container storage (SO1) and tank storage (SO2) activities for the above referenced facility:

7:26-9.3 Accumulation of Hazardous Waste for 90 Days or Less

- (a) A generator may accumulate hazardous waste on-site without a permit for 90 days or less provided that:

DEC 13 1985

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
 2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
 3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
 4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.
- (b) A generator may accumulate hazardous waste on-site in an above-ground tank, for 90 days or less without a permit, after obtaining written approval from the Department, provided that the following requirements are met:
1. Each tank shall have sufficient shell thickness to ensure that the tank will not collapse or rupture. The Department shall specify a minimum shell thickness to be maintained as part of the approval:
 2. Each tank shall be equipped with controls to prevent overfilling in accordance with N.J.A.C. 7:26-10.5(c);
 3. Each tank or tank storage area shall have adequate secondary containment in accordance with N.J.A.C. 7:26-10.5(f);
 4. Each tank shall be designed so that at least 99 percent of the volume of each tank can be readily emptied by direct pumping or drainage;
 5. Each tank is rendered empty, as defined at N.J.A.C. 7:26-1.4, every 90 days or less;
 6. All waste removed from the tank(s) shall be shipped off-site to an authorized facility or placed in an on-site, authorized facility, as defined at N.J.A.C. 7:26-1.4; and
 7. The generator shall comply with the requirements for owners or operators of hazardous waste facilities under N.J.A.C. 7:26-9.4(g) concerning personnel training, and under N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures.

DEC 13 1985

8. No part of the tank(s) is below grade unless the tank(s) is constructed to allow visual inspection of the tank, comparable to a totally above-ground tank, and to provide secondary containment for the below-grade part of the tank.

A copy of the relevant sections of the regulations is enclosed for your convenience.

Please submit this information to this Bureau within thirty (30) days from the date of this letter. If you do not intend to seek delisting of this facility or fail to submit the above requested information, a complete Part B application should be submitted within thirty (30) days from the date of this letter.

If you have any questions relative to this matter, please call Ali Chaudhry of my staff at (609) 633-2970.

Very truly yours,



Frank Coolick, Chief

Bureau of Hazardous Waste Engineering

EP11/slw

Enclosures

c: Angel Chang, USEPA

Let's protect our earth



1987 JAN 15 8:23

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

John J. Trela, Ph.D., Acting Director

CN 028

Trenton, N.J. 08625

609 - 292 - 1250

Theodore A. Mrozinski
Environmental Engineer
Colgate - Palmolive Company
105 Hudson Street
Jersey City, N.J. 07302

29 SEP 1986

Dear Mr. Mrozinski:

RE: Time Extension for Submission of Response for Compliance with the
Generator Requirements Under N.J.A.C. 7:26-9.3 for Colgate
Palmolive, Jersey City, EPA ID NO. NJD 062 044 367

The Bureau of Hazardous Waste Engineering (the Bureau) has reviewed the August 29, 1986 letter from your legal council, Mr. David J. Goldberg, requesting an extension for submission of response to the Bureau's letter dated August 1, 1986. The Bureau hereby grants an extension for this submission to October 1, 1986. This extension is being granted to receive documentation from the local organizations as required by N.J.A.C. 7:26-9.6 and to complete calculations for item #2 in the Bureau's August 1, 1986 letter.

If you have any questions relative to this letter, please call Ali Chaudhry of my staff at (609) 292-9880.

Very truly yours,

Ernest J. Kuhlwein, Jr.

Acting Chief

Bureau of Hazardous Waste Engineering

EP11/lg

cc: David J. Goldberg, Esq.
Angel Chang, USEPA, Region II

Let's protect our earth



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
CN 028
Trenton, N.J. 08625-0028
(609) 633-1408
Fax # (609) 633-1454

NJD 062 044 367

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
NEW YORK, N.Y.

90 OCT 22 PM 3:0

PERMITS ADMINISTRATION
BRANCH

Laura J. Livingston, Chief
USEPA, Region II
26 Federal Plaza
New York, New York 10278

October 16, 1990

10/25/90 ✓
✓ 91101 = \$
✓ 303 = 1
✓ CMT

Dear Ms. Livingston:

Enclosed is a copy of a letter from Colgate-Palmolive Company
requesting the following information changes(s):

1. Company Name _____
2. Corporate Name/Ownership _____
3. Company Contact _____
4. EPA ID Number _____
5. Notification Status to: TSD _____
Transporter _____
Generator _____
Non-Handler X _____
S.Q. Generator _____
6. Generator/Company Closure _____
DELIST EPA ID. NO NJD062044367 AS PER NJDEP
7. Other INSPECTION REPORT RECOMMENDATIONS (SEE ATTACHED)

Please make the indicated changes to your RCRA mailing address file. Your attention in this matter would be greatly appreciated.

Sincerely,

Ferd Scaccetti

Ferd Scaccetti,
Bureau of Manifest & Information Systems

CB:dag
Enclosure

New Jersey is an Equal Opportunity Employer
Recycled Paper





COLGATE-PALMOLIVE COMPANY

105 Hudson Street
Jersey City, NJ 07302

1 December 1989

To whom it may concern,

Be advised that the mailing address for this facility
for all future correspondence has been changed from;

105 Hudson St., J.C., N.J. 07302

to

77 Greene St., J.C., N.J. 07302

Relocation of the Engineering Office at this site
fostered this change. All other particulars remain
the same. Please change your records accordingly.
Thank you for your attention to this detail.

Sincerely yours,

Theodore A. Mrozinski
J.C. Plant Environmental Engr.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0028 Expires 9-30-88
GSA No. 0246 EPA (1)United States Environmental Protection Agency
Washington, DC 20460
Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)C
F

NJ D 0620 44367

T/A C
1**I. Name of Installation**

COLGATE PALMOLIVE COMPANY INC.

II. Installation Mailing Address

Street or P.O. Box

C
3

105 HUDSON ST.

City or Town

State

ZIP Code

C
4

JERSEY CITY

NJ

07302

III. Location of Installation

Street or Route Number

C
5

SAME

City or Town

State

ZIP Code

C
6**IV. Installation Contact**

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

MROZINSKI, THEODORE

201 547 2566

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

COLGATE PALMOLIVE CO.

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**A. Hazardous Waste Activity****B. Used Oil Fuel Activities**

- ☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
☐ 2. Transporter
☐ 3. Treater/Storer/Disposer
☐ 4. Underground Injection
☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
☒ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner
☐ 7. Specification Used Oil Fuel Marketer
(Or On-Site Burner) Who First Claims
the Oil Meets the Specification.

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)☐ A. Utility Boiler☐ B. Industrial Boiler☒ C. Industrial Furnace**VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))**☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)**IX. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NJ D 0620 44367

| ID -- For Official Use Only | | | | | | | | | | | |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|
| C | W | T | A | C | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | | | | | | |

IX. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 |
| | | | | | |

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 |
| | | | | | |
| 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | |

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

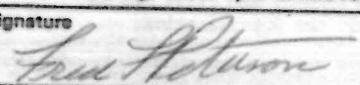
| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
| | | | | | |

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

| | | | |
|---|--|--|---|
| <input type="checkbox"/> 1. Ignitable (D001) | <input checked="" type="checkbox"/> 2. Corrosive (D002) | <input type="checkbox"/> 3. Reactive (D003) | <input type="checkbox"/> 4. Toxic (D004) |
|---|--|--|---|

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|--|--|------------------------|
| Signature  | Name and Official Title (type or print) Mr. F. F. Peterson Plant Manager | Date Signed 1/29/86 |
|--|--|------------------------|

EPA Form 8700-12 (Rev. 11-85) Reverse

BILLING CODE 6560-50-G

1986 JAN 30 PM 4:09
NEW YORK, N.Y.
AGENCY, REGION II
ENVIRONMENTAL PROTECTION
PERMITS ADMINISTRATION
BRANCH



file

action pending

**State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**DIVISION OF WASTE MANAGEMENT
32 E. Hanover St., CN 028, Trenton, N.J. 08625**

DR. MARWAN M. SADAT, P.E.
DIRECTOR

RICHARD C. SALKIE, P.E.
ASSOCIATE DIRECTOR

Theodore A. Mrozinski, Environmental Engineer
Colgate-Palmolive Company
105 Hudson Street
Jersey City, New Jersey 07302

11 FEB 1986

RE: Reclassification of Colgate-Palmolive Company
Hazardous Waste TSD Facility to Generator only Status,
Jersey City plant, EPA ID NO. NJD 062044367

Dear Mr. Mrozinski:

The Bureau of Hazardous Waste Engineering (the Bureau) has reviewed your submittal dated January 13, 1986 to demonstrate compliance with the requirements of a generator of hazardous waste only according to New Jersey Hazardous Waste Regulations under N.J.A.C. 7:26-9.3 for your Jersey City plant. The Bureau has also reviewed your company's Part A application submitted to the USEPA in 1980.

The Bureau finds that you reported hazardous waste storage in tanks (9,380 gallons) and containers (3,300 gallons) at your Jersey City plant in the Part A application. Your January 13, 1986 submittal indicates that you store hazardous waste in a 6000 gallon tank. This discrepancy in the hazardous waste storage in tanks (S02) capacities should be explained and resolved.

Your January 13, 1986 letter indicates that the above referenced facility intends to store hazardous waste in containers and tanks for ninety (90) days or less and thus be reclassified from a hazardous waste treatment, storage or disposal (TSD) facility to "generator only" status. The Bureau requests that your company demonstrate compliance with the following requirements of N.J.A.C. 7:26-9.3 for the above referenced facility.

a) Hazardous Waste Storage in Containers

1. Management of Hazardous Waste in containers according to N.J.A.C. 7:26-9.4(d).

The submittal should demonstrate compliance with the requirements of N.J.A.C. 7:26-7.2 and N.J.A.C. 7:26-9.4(d) for containerized hazardous waste storage.

1 FEB 1986

2. The date upon which each period of accumulation begins shall be clearly marked and visible for inspection on each container.

b) Hazardous Waste Storage in Tanks

1. Automatic Waste Feed Cut-off System for storage tanks.

Please be advised that it is a policy of the Division of Waste Management to require installation of automatic waste feed cut-off controls to the storage tanks used to store ignitable or reactive wastes. The above subject facility's Part A application indicates that ignitable wastes are stored in tanks at this plant. The subject tanks should, therefore, be equipped with automatic waste feed cut-off controls. A description and confirmation of the automatic waste feed cut-off controls should be submitted.

2. Secondary Containment for Storage Tanks

Calculations showing compliance with the secondary containment requirements of N.J.A.C. 7:26-10.5(f) should be submitted.

3. The tank shall be designed so that at least 99 percent of the volume can be readily emptied by direct pumping or drainage.
4. The tank shall be rendered empty, as defined at N.J.A.C. 7:26-1-4, every 90 days or less.

c) Hazardous Waste Storage in Containers and Tanks

1. Accumulation of waste for 90 days or less.

A listing of hazardous wastes manifested off-site from this location should be submitted. This listing should include dates of accumulations and shipments of hazardous wastes as well as quantities and types of wastes stored at this location. Copies of the manifest forms should be included in the response.

2. Management of hazardous waste in accordance with N.J.A.C. 7:26-9.4(g).

A copy of the program of classroom instruction or on-the-job training that teaches the subject facility's personnel to perform their duties in a way to comply with N.J.A.C. 7:26-9.4(g) should be submitted. This submission should address all the requirements of the above stated regulations.

11 FEB 1986

3. Preparedness and Prevention.

Documentation to show compliance with the requirements of N.J.A.C. 7:26-9.6 should be submitted. This document should address all the requirements of preparedness and prevention as outlined under N.J.A.C. 7:26-9.6 including:

- i. Arrangements to familiarize police, fire departments, and emergency response teams with the layout of the facility, properties of hazardous waste handled at the facility and associated hazards, places where facility personnel would normally be working, entrances to and roads inside the facility, and possible evacuation routes.

Written documents from the local police, fire departments and emergency response teams should be included. The documents should describe the arrangements that have been made with the subject agencies and any sessions held or visits that have taken place as of this date.

- ii. Where more than one police and fire department might respond to an emergency, agreement designating primary emergency authority to a specific police and a specific fire department, and agreements with any others to provide support to the primary emergency authority.

A statement regarding the agreements between different agencies and their acceptance of the agreement should be submitted.

- iii. Agreements with emergency response contractors, and equipment suppliers.

A copy of the agreement with emergency response contractors and equipment suppliers should be submitted.

- iv. Arrangements to familiarize local hospitals with the properties of hazardous wastes handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility.

A statement regarding arrangements made with the local hospital(s) and their confirmation of the same should be submitted.

- v. Arrangements to have the local fire department inspect the facility on a regular basis with at least two (2) inspections annually.

A confirmation that the facility has been inspected or proposed dates of inspections should be submitted. The

01 FEB 1986

submission should include details of agenda and attendance of the inspections.

If any of the agencies do not cooperate with these requirements, written refusals to enter into agreements from outside agencies should be submitted.

4. Contingency Plan and Emergency Procedures.

This document should address all the requirements of Contingency Plan and Emergency Procedures in accordance with the requirements of N.J.A.C. 7:26-9.7.

A copy of the relevant portions of the New Jersey Hazardous Waste Management Regulations is attached.

Colgate-Palmolive Company is hereby requested to submit this information to this Bureau within thirty (30) days from the date of this letter.

If you have any questions relative to this matter, please call Ali Chaudhry of my staff at (609) 633-2970.

Very truly yours,



Frank Coolick, Chief
Bureau of Hazardous Waste
Engineer

EP11:ekp

Att.

c: David J. Goldberg, Esq.
Angel Chang, USEPA, Region II

COLGATE-PALMOLIVE COMPANY

A Delaware Corporation

RESEARCH AND DEVELOPMENT DEPARTMENT

909 River Road • Piscataway, New Jersey 08854

REGISTERED MAIL -
RETURN RECEIPT REQUESTED

February 18, 1983

United States Environmental Protection
Agency (Region II)
26 Federal Plaza
New York, N.Y. 10278

Attn: Helen Beggum, Chief Grants Adm.

Gentlemen:

Pursuant to your letter of January 31, 1983, the following information is pertinent:

- 1.) A closure bond #8096-88-08, Federal Insurance Co., 51 John Kennedy Plaza, Short Hills, N.J. 07078, has been filed with N.J. State to cover any possible problem at this site concerning waste. This site is part of Colgate-Palmolive Co.
- 2.) An insurance policy #RG1612004167-023, issued by Liberty Mutual, has been sent to your office by a representative of Colgate-Palmolive Co. It covers any unfortunate happening to a third party at this site.

Very truly yours,

COLGATE-PALMOLIVE COMPANY



Edward J. Gibbons, Manager
Engineering Services

EJG:ag

cc: Laura Wolf, PK-13
Glen McMichael

NEW YORK

RECEIVED

FEB 22 3 44 PM '83

RECEIVED
ENVIRONMENTAL
PROTECTION AGENCY

Pink

COLGATE-PALMOLIVE COMPANY

A Delaware Corporation

300 Park Avenue • New York, N.Y. 10022

February 18, 1983

Mr. Joseph Cvinar
United State Environmental
Protection Agency
26 Federal Plaza
New York, New York 10278

RE: Resource Conservation Recovery Act
Colgate-Palmolive - Jersey City I.D. No. NJD062044367
Colgate-Palmolive - Piscataway I.D. No. NJD068693167

Dear Mr. Cvinar:

In reference to our telephone conversation concerning RECRA requirements, enclosed are copies of:

- Liability Certificates evidencing third party liability coverage for damage caused by sudden and accidental occurrences at our hazardous waste facilities in Jersey City and Piscataway, and
- Closure Bond 8096-88-08. We have complied with the New Jersey State law requirements. This is to advise you of the action taken.

Please confirm we have done all that is required by the government for these two locations in relation to RECRA.

Very truly yours,

COLGATE-PALMOLIVE COMPANY

Laura Wolf
Insurance Supervisor

LW:tw

cc: Messrs. Conrad Simon
P. P. Lee
M. Moore
E. Gibbons
G.M.C. Michael
T. J. Volpe
J. D. Noble
D. Jenks
Ms. ✓ Helen Beggun

EPA, New York
CP, J.C.
CP, J.C.
CP, Piscataway
CP, Piscataway
CP, New York
CP, New York
CP, New York
EPA, New York

COLGATE-PALMOLIVE COMPANY

A Delaware Corporation

300 Park Avenue • New York, N.Y. 10022

February 18, 1983

Mr. Joseph Cvinar
United State Environmental
Protection Agency
26 Federal Plaza
New York, New York 10278

RE: Resource Conservation Recovery Act
Colgate-Palmolive - Jersey City I.D. No. NJD062044367
Colgate-Palmolive - Piscataway I.D. No. NJD068693167

Dear Mr. Cvinar:

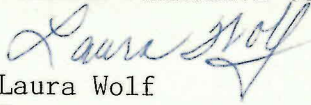
In reference to our telephone conversation concerning RECRA requirements, enclosed are copies of:

- Liability Certificates evidencing third party liability coverage for damage caused by sudden and accidental occurrences at our hazardous waste facilities in Jersey City and Piscataway, and
- Closure Bond 8096-88-08. We have complied with the New Jersey State law requirements. This is to advise you of the action taken.

Please confirm we have done all that is required by the government for these two locations in relation to RECRA.

Very truly yours,

COLGATE-PALMOLIVE COMPANY


Laura Wolf
Insurance Supervisor

LW:tw

cc: Messrs. Conrad Simon
P. P. Lee
M. Moore
E. Gibbons
G.M.C. Michael
T. J. Volpe
J. D. Noble
D. Jenks
Ms. Helen Beggun

EPA, New York
CP, J.C.
CP, J.C.
CP, Piscataway
CP, Piscataway
CP, New York
CP, New York
CP, New York
CP, New York
EPA, New York

**HAZARDOUS WASTE FACILITY CERTIFICATE
OF POLLUTION LIABILITY INSURANCE**

1. Liberty Mutual Insurance Company (the "Insurer"), of 175 Berkeley Street, Boston, Massachusetts 02117, hereby certifies that it has issued pollution liability insurance covering bodily injury and property damage to:

(Name of Insured) Colgate-Palmolive Company (the "insured"),

(Address) 300 Park Ave., New York, NY 10022

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at:

(Name and Address of Each Facility)

(EPA Identification Number)

SEE ATTACHED SCHEDULES

for ☒ sudden accidental occurrences,
☐ sudden and nonsudden accidental occurrences.

The limits of liability are: \$ 1,000,000. annual aggregate

\$ 1,000,000. each occurrence

exclusive of legal defense costs.

The coverage is provided under policy number RG1-612-004167-023,
issued on (date) 1/1/83

The effective date of said policy is (date) 1/1/83

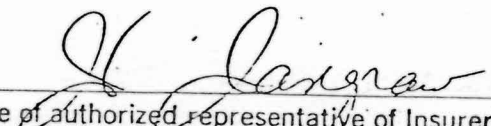
The effective date of said pollution coverage is (date) 1/1/83

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the Facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.


(Signature of authorized representative of Insurer)

J.F. Jangraw

Production Manager

(Type Name and Title) Authorized Representative of (Liberty Mutual Insurance Co.)

1775 Lisbon Road, P.O. Box 4600

(Address of Representative)

Lewiston, ME 04240

SCHEDULE

NAME & ADDRESS OF EACH FACILITYEPA IDENTIFICATION #

The Kendall Company
Route 112
Griswoldville, MA 01345

REGION 1

MAD 0003697

The Kendall Company
17 Hartwell Ave.,
Lexington, MA 02173

MAD 075363739

Princess House, Inc.
RFD #1
North Dighton, MA 02764

MAD 000191700

Hampshire Lead Crystal
455 Somerset Avenue
North Dighton, MA 02764

MAD 084801430

Etonic, Inc.
147 Centre St.,
Brockton, MA 02403

MAD 002578409

REGION 2

✓ Colgate-Palmolive Company
105 Hudson St.,
Jersey City, NJ 07302

NJD 062044367

✓ Colgate-Palmolive Company
909 River Road
Piscataway, NJ 08854

NJD 068693167

REGION 4

Colgate-Palmolive Company
Box 1445
Louisville, KY 40201

IND 990681470

The Kendall Company
P.O. Box 430
Augusta, GA 30913

GAD 001534619

The Kendall Company
U.S. 31 W. North
Franklin, KY 42134

KYD 062979158

NAME & ADDRESS OF EACH FACILITY

EPA IDENTIFICATION #

REGION 4

Pet Chemicals, Inc.
7781 N.W. 73rd Court
P.O. Box 660656
Miami, FL 33166

FLD 04123964

REGION 5

NDM Corporation (New Dimensions in Medicine)
3040 East River Road
Dayton, OH 45439

OHD 004245197

Plastronics, Inc.
407 E. Michigan St.,
Milwaukee, WI 53202

WID 006086110

REGION 6

Riviana Foods, Inc.
P.O. Box 278
Abbeville, LA 70510

LAD 0007391

REGION 7

Colgate-Palmolive Company
1806 Kansas Avenue
Kansas City, KS 66105

KSD 007157696

REGION 9

Colgate-Palmolive Company
2700 Seventh Street
Berkeley, CA 94710

CAD 009173733

This certificate is for 7.50% of the limit shown hereon

1. The United States Fire Insurance Company of Morristown, NJ hereby certifies that it has issued liability insurance covering bodily injury and property damage to Colgate Palmolive Company and subsidiary, associated, affiliated companies of New York, New York in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at Colgate-Palmolive Company, 105 Hudson Street, Jersey City, New Jersey 0730-02, #NJD 062044367.

for sudden accidental occurrences.

The limits of liability are the difference between \$1,000,000.00 each occurrence and \$2,000,000.00 annual aggregate and \$1,000,000.00 each occurrence, \$1,000,000.00 annual aggregate exclusive of legal defense costs. The coverage is provided under policy number 522 0113121 issued on January 26, 1982. The effective date of said policy is January 1, 1982.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Frank Kinnett
Frank Kinnett
(Authorized Representative)

The London Agency, Inc.
(Name of Company)

1230 West Peachtree Street, N.W.
(Street Address)

Atlanta, GA 30302 4985
(City and State)

CERTIFICATE ISSUED TO:

Dr. Ernest Regna
Chief-Solid Waste Branch
26 Federal Plaza
New York, New York

THIS CERTIFICATE IS FOR 85% OF THE LIMIT SHOWN HEREON

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. The "Insurers" hereon being:-

| | |
|--------|---|
| | (33.33% Walbrook Ins. Co. Ltd. |
| | (10.75% El Paso Ins. Co. Ltd. |
| | (18.82% Dart Ins. Co. Ltd. |
| 80.00% | (8.06% Louisville Ins. Co. Ltd |
| | (8.61% Bermuda Fire & Marine Ins. Co. Ltd. |
| | (10.75% "Winterthur" Swiss Ins. Co. |
| | (9.68% Mutual Reinsurance Co. Ltd. |
| | Per: H.S. Weavers (Underwriting) Agencies Limited. |
| 2.78% | British National Life Insurance Society Limited |
| 1.85% | Yasuda Fire & Marine Insurance Company (UK) Limited Per Leslie and Godwin Agencies Limited |
| 0.37% | Assicurazioni Generali S.p.A. |

Handwritten: 12.11.82
Stamp: PS 90 12.11.82
Handwritten: 12.11.82

hereby certify that they have issued liability insurance covering bodily injury and property damage to the "Insured" being:-

COLGATE-PALMOLIVE COMPANY AND SUBSIDIARY, ASSOCIATED, AFFILIATED COMPANIES OR OWNED AND CONTROLLED COMPANIES AS NOW OR HEREAFTER CONSTITUTED.

in connection with the Insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at the Insureds' facilities as described in the attached schedule for sudden accidental occurrences. The limits of liability are the difference between \$1,000,000 each occurrence, \$2,000,000 annual aggregate and \$1,000,000 each occurrence, \$1,000,000 annual aggregate, exclusive of legal defense costs.

The coverage is provided under policy number 020137600 issued on the 19th July 1982. The effective date of said policy is 1st January 1982

Cont/...

2. The "Insurers" further certify the following with respect to the insurance described in paragraph 1:-
- (a) Bankruptcy or insolvency of the Insured shall not relieve the Insurers of their obligations under the policy.
 - (b) The Insurers are liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurers. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
 - (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurers agree to furnish to the Regional Administrator, a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurers or the Insured, will be effective only upon written notice and only after the expiration of sixty(60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
 - (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty(30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

We hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151 (J) as such regulation was constituted on the date first above written, and that the Insurers are licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

SCHEDULE

| <u>ADDRESS</u> | <u>IDENTIFICATION NUMBER</u> |
|---|------------------------------|
| Colgate-Palmolive Company 105 Hudson Street Jersey City, N J 07302 | NJD 062044367 |
| Colgate-Palmolive Company Box 1445 Louisville, Kentucky 40201 | IND 990681470 |
| Colgate-Palmolive Company 1806 Kansas Avenue Kansas city, KS 66105 | KSD 007157696 |
| Colgate-Palmolive Company 909 River Road Piscataway, NJ 08854 | NJD 068693167 |
| Colgate-Palmolive Company 2700 Seventh Street Berkeley, CA 94710 | CAD 009173733 |
| The Kendall Company P.O. Box 430 Augusta, GA 30913 | GAD 001534619 |
| The Kendall Company U.S. 31 W. North Franklin, KY 42134 | KYD 062979158 |
| NDM Corporation (New Dimensions in Medicine) 3040 East River Road Dayton, Ohio 45439 | OHD 004245197 |
| Plastronics, Inc. 407 E. Michigan Street Milwaukee, Wisconsin 53202 | WID 006086110 |

The Kendall Company
Route 112
Griswoldville,
MA 01345

MAD 0003697

The Kendall Company
17 Hartwell Avenue
Lexington,
MA 02173

MAD 075363739

Princess House, Inc.
RFD No. 1
North Dighton,
MA 02764

MAD 000191700

Hampshire Lead Crystal
455 Somerset Avenue
North Dighton,
MA 02764

MAD 084801430

Pet Chemicals, Inc.
7781 N.W. 73rd Court
P.O. Box 660656
Miami,
Florida 33166

SLD 04123964

Riviana Foods, Inc.
P.O. Box 278
Abbeville,
Louisiana 70510

LAD 0007391

Etonic, Inc
147 Centre Street
Brockton,
MA 02403

MED 002578409

Insko Limited

CERTIFICATE NO.: C1000107

*Insko House, Church Street
Hamilton, Bermuda*

LETTER OF CONFIRMATION
EFFECTIVE JULY 15, 1982

NAME OF INSURED AND MAILING ADDRESS OF INSURED:

Colgate Palmolive Company, Etal
300 Park Avenue
New York, N.Y. 10022, U.S.A.

"THIS CERTIFICATE IS FOR 7.50% OF THE LIMIT SHOWN HEREON

1. Insko Ltd. hereby certifies that they have issued liability insurance covering bodily injury and property damage to the "Insured" being:-

Colgate-Palmolive Company and subsidiary, Associated affiliated companies or owned and controlled companies as now or hereafter constituted.

In connection with the Insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at the Insureds' facilities as described in the attached schedule for sudden accidental occurrences. The Limits of Liability are the difference between \$1,000,000 each occurrence, \$2,000,000 annual aggregate and \$1,000,000 each occurrence, \$1,000,000 annual aggregate, exclusive of legal defense costs.

The coverage is provided under Policy Number F6B2/0258-FC/R issued on March 22nd, 1982 the effective date of said policy is January 1st, 1982.

2. Insko Ltd. further certifies the following with respect to the insurance described in paragraph 1:-
 - (A) Bankruptcy or Insolvency of the insured shall not relieve the insurer of their obligations under the Policy.
 - (B) The insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(F) or 265.147(F).

- (C) Whenever requested by a regional administrator of the U.S. Environmental Protection Agency (EPA), the insurer agrees to furnish to the regional administrator, a signed duplicate original of the policy and all endorsements.
- (D) Cancellation of the Insurance, whether by the insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the regional administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (E) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the regional administrator(s) of the EPA Regions(s) in which the facility(ies) is (are) located.

We hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(J) as such regulation was constituted on the date first above written, and that Insko Ltd. is licensed to transact the business of insurance, or eligible to provide insurance as excess or surplus lines insurers, in one or more states."

30th November, 1982.

DATE


VICE PRESIDENT

SCHEDULE

| NAME OF FAC. | ADDRESS | EPA Id. No. |
|--|--|---------------|
| Etonic, Inc. | 147 Centre St., Brockton, MA. 02403 | MED 002578409 |
| Riviana Foods, Inc. | P.O. Box 278, Abbeville, Louisville 70510 | LAD 0007391 |
| Pet Chemicals, Inc. | 7781 N.W. 73rd Court, P.O. Box 660656, Miami, Fl. 33166 | SLD 04123964 |
| Hampshire Lead Crystal | 455 Somerset Avenue, North Dighton, MA 02764 | MAD 084801430 |
| Princess House, Inc. | RFD #1, North Dighton, MA 02764 | MAD 000191700 |
| The Kendall Company | 17 Hartwell Avenue, Lexington, MA 02173 | MAD 075363739 |
| The Kendall Company | Route 112, Griswoldville, MA 01345 | MAD 0003697 |
| Plastronics, Inc. | 407 E. Michigan Street, Milwaukee, Wisconsin 53202 | WID 006086110 |
| NDM Corporation (New Dimensions in Medicine) | 3040 East River Road, Dayton, Ohio 45439 | OHD 004245197 |
| The Kendall Company | U.S. 31 W. North, Franklin, KY 42134 | KYD 062979158 |
| The Kendall Company | P.O. Box 430, Augusta, GA 30913 | GAD 001534619 |
| Colgate-Palmolive Co. | 2700 Seventh Street, Berkeley, CA 94710 | CAD 009173733 |
| Colgate-Palmolive Co. | 909 River Road, Piscataway, NJ 08854 | NJD 068693167 |
| Colgate-Palmolive Co. | 1806 Kansas Avenue, Kansas City, KS 66105 | KSD 007157696 |
| Colgate-Palmolive Co. | Box 1445, Louisville, KY 40201 | IND 990681470 |
| Colgate-Palmolive Co. | 105 Hudson Street, Jersey City, New Jersey 07302 | NJD 062044367 |

**HAZARDOUS WASTE FACILITY CERTIFICATE
OF POLLUTION LIABILITY INSURANCE**

1. Liberty Mutual Insurance Company (the "Insurer"), of 175 Berkeley Street, Boston, Massachusetts 02117, hereby certifies that it has issued pollution liability insurance covering bodily injury and property damage to:

(Name of Insured) Colgate-Palmolive Company (the "insured"),

(Address) 300 Park Ave., New York, NY 10022

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at:

(Name and Address of Each Facility)

(EPA Identification Number)

SEE ATTACHED SCHEDULES

OFFICE ADMINISTRATION
FEB 2 1 35 PM '83
NEW YORK, NEW YORK 10007
AGENCY

- for ☒ sudden accidental occurrences,
☐ sudden and nonsudden accidental occurrences.

The limits of liability are: \$ 1,000,000. annual aggregate

\$ 1,000,000. each occurrence

exclusive of legal defense costs.


The coverage is provided under policy number RG1-612-004167-023,
issued on (date) 1/1/83
The effective date of said policy is (date) 1/1/83
The effective date of said pollution coverage is (date) 1/1/83

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the Facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.



(Signature of authorized representative of Insurer)

J.F. Jangraw

Production Manager

(Type Name and Title) Authorized Representative of (Liberty Mutual Insurance Co.)

1775 Lisbon Road, P.O. Box 4600

(Address of Representative)

Lewiston, ME

04240

Colgate-Palmolive Company

RG1-612-004167-023

SCHEDULE

NAME & ADDRESS OF EACH FACILITY

EPA IDENTIFICATION #

The Kendall Company
Route 112
Griswoldville, MA 01345

REGION 1

MAD 0003697

The Kendall Company
17 Hartwell Ave.,
Lexington, MA 02173

MAD 075363739

Princess House, Inc.
RFD #1
North Dighton, MA 02764

MAD 000191700

Hampshire Lead Crystal
455 Somerset Avenue
North Dighton, MA 02764

MAD 084801430

Etonic, Inc.
147 Centre St.,
Brockton, MA 02403

MAD 002578409

REGION 2

Colgate-Palmolive Company
105 Hudson St.,
Jersey City, NJ 07302

NJD 062044367

Colgate-Palmolive Company
909 River Road
Piscataway, NJ 08854

NJD 068693167

REGION 4

Colgate-Palmolive Company
Box 1445
Louisville, KY 40201

IND 990681470

The Kendall Company
P.O. Box 430
Augusta, GA 30913

GAD 001534619

The Kendall Company
U.S. 31 W. North
Franklin, KY 42134

KYD 062979158

NAME & ADDRESS OF EACH FACILITY

EPA IDENTIFICATION #

REGION 4

Pet Chemicals, Inc.
7781 N.W. 73rd Court
P.O. Box 660656
Miami, FL 33166

FLD 04123964

REGION 5

NDM Corporation (New Dimensions in Medicine)
3040 East River Road
Dayton, OH 45439

OHD 004245197

Plastronics, Inc.
407 E. Michigan St.,
Milwaukee, WI 53202

WID 006086110

REGION 6

Riviana Foods, Inc.
P.O. Box 278
Abbeville, LA 70510

LAD 0007391

REGION 7

Colgate-Palmolive Company
1806 Kansas Avenue
Kansas City, KS 66105

KSD 007157696

REGION 9

Colgate-Palmolive Company
2700 Seventh Street
Berkeley, CA 94710

CAD 009173733

| FORM 1 GENERAL | | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.) | | I. EPA I.D. NUMBER | |
|---|--|---|----------------------------|---------------------------|--|
| I. EPA I.D. NUMBER | | NJ D 062044367 | | F N J D 0 6 2 0 4 4 3 6 7 | |
| III. FACILITY NAME | | COLGATE PALMOLIVE COMPANY | | | |
| V. FACILITY MAILING ADDRESS | | 105 Hudson Street Jersey City, N. J. 07302 | | | |
| VI. FACILITY LOCATION | | 105 Hudson Street Jersey City, N. J. 07302 | | | |
| II. POLLUTANT CHARACTERISTICS | | | | | |
| INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. | | | | | |
| SPECIFIC QUESTIONS | | MARK 'X' | | SPECIFIC QUESTIONS | |
| | | YES | NO | FORM ATTACHED | |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | X | | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | | | X | | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | | X | | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) |
| III. NAME OF FACILITY | | | | | |
| 1 SKIP C O L G A T E P A L M O L I V E C O M P A N Y | | | | | |
| IV. FACILITY CONTACT | | | | | |
| A. NAME & TITLE (last, first, & title) | | | B. PHONE (area code & no.) | | |
| 2 Moore, Martin, Environmental Eng. | | | 201 547 2923 | | |
| V. FACILITY MAILING ADDRESS | | | | | |
| A. STREET OR P.O. BOX | | | | | |
| 3 105 Hudson Street | | | | | |
| B. CITY OR TOWN | | | C. STATE | D. ZIP CODE | |
| 4 Jersey City | | | N J | 07302 | |
| VI. FACILITY LOCATION | | | | | |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | | | | |
| 5 105 Hudson Street | | | | | |
| B. COUNTY NAME | | | | | |
| H U D S O N | | | | | |
| C. CITY OR TOWN | | | D. STATE | E. ZIP CODE | F. COUNTY CODE (if known) |
| 6 Jersey City | | | N J | 07302 | |

VII. SIC CODES (4-digit, in order of priority)

| A. FIRST | | | | B. SECOND | | | |
|------------------------------------|----|----|----|---|----|----|----|
| C | 7 | 2 | 8 | C | 7 | 2 | 8 |
| 15 | 16 | 17 | 18 | 15 | 16 | 17 | 18 |
| (specify) SOAPS & OTHER DETERGENTS | | | | (specify) PERFUMES, COSMETICS & OTHER TOILET PREPARATIONS | | | |
| C. THIRD | | | | D. FOURTH | | | |
| C | 7 | | | C | 7 | | |
| 15 | 16 | 17 | 18 | 15 | 16 | 17 | 18 |
| (specify) | | | | (specify) | | | |

VIII. OPERATOR INFORMATION

| A. NAME | | | | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|------------|----|-------------|----|---|----|
| C | 8 | C | O | L | G | A | T | E | P | A | L | M | O | L | I | V | E | C | O | M | P | A | N | Y | I | N | C | 66 | YES | NO |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | | | | | | | | | | | | | | D. PHONE (area code & no.) | | | | | | | | | | | | | | | |
| F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) | | | | | | | | | | | | | | | C A 2 1 2 7 5 1 1 2 0 0 | | | | | | | | | | | | | | | |
| P = PRIVATE P (specify) | | | | | | | | | | | | | | | 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 | | | | | | | | | | | | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | F. CITY OR TOWN | | | | | | | | | | G. STATE | | H. ZIP CODE | | IX. INDIAN LAND | |
| 300 Park Avenue | | | | | | | | | | | | | | | New York | | | | | | | | | | NY | | 10022 | | Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 | | | | | | | | | | | | | | | 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 | | | | | | | | | | 56 57 | | 58 59 | | | |

X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water) | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|----|---|
| C | 9 | N | J | 0 | 0 | 0 | 0 | 9 | 5 | C | 9 | P | S | e | e | B | e | l | o | w | * |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | |
| C | 9 | U | | | | | | | | C | 9 | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | |
| C | 9 | R | | | | | | | | C | 9 | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

THE MANUFACTURING OF SOAPS, DETERGENTS, CLEANSERS AND PERSONAL CARE PRODUCTS.

* PSD PERMIT APPROVED BY LETTER DATED MAY 13, 1980

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print) | B. SIGNATURE | C. DATE SIGNED |
|--|----------------------|----------------|
| A. C. Shepard - Vice President & General Manager - Domestic Division | <i>A. C. Shepard</i> | 2/9/83 |

COMMENTS FOR OFFICIAL USE ONLY

| C |
|----|
| C |
| 15 |

| FORM 1 GENERAL | | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.) | | I. EPA I.D. NUMBER | |
|--|--|---|--|--|--|
| EPA | | Consolidated Permits Program (Read the "General Instructions" before starting.) | | I. EPA I.D. NUMBER | |
| | | Consolidated Permits Program (Read the "General Instructions" before starting.) | | I. EPA I.D. NUMBER | |
| III. FACILITY NAME | | COLGATE PALMOLIVE COMPANY | | GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. | |
| V. FACILITY MAILING ADDRESS | | 105 Hudson Street Jersey City, N. J. 07302 | | | |
| VI. FACILITY LOCATION | | 105 Hudson Street Jersey City, N. J. 07302 | | | |
| II. POLLUTANT CHARACTERISTICS | | | | | |
| INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. | | | | | |
| SPECIFIC QUESTIONS | | MARK 'X' | | SPECIFIC QUESTIONS | |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | YES NO FORM ATTACHED | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | YES NO FORM ATTACHED | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | | YES NO FORM ATTACHED | | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | YES NO FORM ATTACHED | | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | YES NO FORM ATTACHED | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | |
| III. NAME OF FACILITY | | | | | |
| 1 SKIP C O L G A T E P A L M O L I V E C O M P A N Y | | | | | |
| IV. FACILITY CONTACT | | | | | |
| A. NAME & TITLE (last, first, & title) B. PHONE (area code & no.) | | | | | |
| 2 M o o r e , M a r t i n . E n v i r o n m e n t a l E n g . 2 0 1 5 4 7 2 9 2 3 | | | | | |
| V. FACILITY MAILING ADDRESS | | | | | |
| A. STREET OR P.O. BOX B. CITY OR TOWN C. STATE D. ZIP CODE | | | | | |
| 3 1 0 5 H u d s o n S t r e e t J e r s e y C i t y N J 0 7 3 0 2 | | | | | |
| VI. FACILITY LOCATION | | | | | |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER B. COUNTY NAME C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (if known) | | | | | |
| 5 1 0 5 H u d s o n S t r e e t H U D S O N J e r s e y C i t y N J 0 7 3 0 2 | | | | | |

CONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

| | | | | | | | |
|--------------------------|--|--|--|--------------------------|--|--|--|
| A. FIRST | | | | B. SECOND | | | |
| (specify) | | | | (specify) | | | |
| 2 8 4 1 15 16 17 18 | | | | 7 2 8 4 4 15 16 17 18 | | | |
| SOAPS & OTHER DETERGENTS | | | | TOILET PREPARATIONS | | | |
| C. THIRD | | | | D. FOURTH | | | |
| (specify) | | | | (specify) | | | |
| 15 16 17 18 | | | | 15 16 17 18 | | | |

III. OPERATOR INFORMATION

| | | |
|---|--|--|
| A. NAME | | B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| C O L G A T E P A L M O L I V E C O M P A N Y I N C | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | | | D. PHONE (area code & no.) | | | |
| F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE | | | | C A 2 1 2 7 5 1 1 2 0 0 15 16 17 18 19 20 21 22 23 24 | | | |

| | |
|------------------------------|--|
| E. STREET OR P.O. BOX | |
| 0 0 Park Avenue | |

| | | | | |
|------------------------|--|-----------------|--------------------|---|
| F. CITY OR TOWN | | G. STATE | H. ZIP CODE | IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| N e w Y o r k | | N Y | 1 0 0 2 2 | |

X. EXISTING ENVIRONMENTAL PERMITS

| | | | |
|---|--|---|--|
| A. NPDES (Discharges to Surface Water) | | D. PSD (Air Emissions from Proposed Sources) | |
| N J 0 0 0 0 9 5 7 | | S e e B e l o w * | |
| B. UIC (Underground Injection of Fluids) | | E. OTHER (specify) | |
| U | | (specify) | |
| C. RCRA (Hazardous Wastes) | | E. OTHER (specify) | |
| R | | (specify) | |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

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* PSD PERMIT APPROVED BY LETTER DATED MAY 13, 1980

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|--|---------------------|-----------------------|
| A. NAME & OFFICIAL TITLE (type or print) | B. SIGNATURE | C. DATE SIGNED |
| A. C. Shepard - Vice President & General Manager - Domestic Division | | 2/9/83 |

COMMENTS FOR OFFICIAL USE ONLY

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|---|--|
| C | |
|---|--|

COLGATE-PALMOLIVE COMPANY

105 Hudson Street - Jersey City, New Jersey 07302

EPA ID No. NJD 062044367

March 14, 1983

• U.S. ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 Federal Plaza
New York, New York 10278

ATTN: Joel Golumbek
Chief
NJ/Caribbean Hazardous Waste Section
Solid Waste Branch

Dear Sir,

On February 18, 1983 we requested a 30 day filing extension for our RCRA Part B permit application. This extension was granted as indicated in you letter of March 2, 1983, which notes the new filing deadline as March 22, 1983.

The reason for this extension request was a corporate policy change which required all domestic Colgate plants to be classified as storage facilities. It had been the opinion of local management that the Jersey City plant could operate as a generator only. To this end we were preparing to refile Part A as a generator. (See Attachment No. 1, transmittal letter and Attachment No. 2 EPA Form 3510-1,6-80.) The actual form was signed and dated on Feb. 9, 1983 but due to the before mentioned policy change this was not sent to the Region II office within the 180 day limit.

Since that time considerable internal debate has gone on regarding the merits of generator status versus storage status. The net result of this is that the Jersey City plant will be allowed by upper management to file as originally intended. Therefore we are resubmitting the previously prepared documents. We intend to operate as a generator and store all hazardous wastes for less than 90 days. Current waste to be removed within 90 days.

We apologize for this confusion but we are attempting to operate in a manner which is most consistent with this plant and the RCRA regulations. Developing these procedures and presenting them to Colgate upper management is time consuming and unfortunately has caused excessive delays.

Sincerely Yours,



Martin J. Moore
Environmental Engineer

MJM;dw

NOTARIAL ACKNOWLEDGMENT

CITY, COUNTY & STATE OF NEW YORK, ss

On this 9th day of February, 1983, before me personally came Paul Salmon

to me known, who, being by me duly sworn, did depose and say that he is an Attorney-in-Fact of the **FEDERAL INSURANCE COMPANY**, the Corporation described in and which executed the annexed instrument; that he knows the corporate seal; that it was so affixed by order and authority of the Board of Directors of said corporation, and that he signed his name thereto by like order and authority.

HELEN S. BROWN
 NOTARY PUBLIC, State of New York
 No. 31-4682129
 Qualified in New York County
 Commission Expires March 30, 1984

Sworn to and Acknowledged
 before me on the date above written

Helen S. Brown
 (Notary's Signature, Description and Seal)

CERTIFICATION

CITY AND COUNTY OF NEW YORK: ss

I, the undersigned, Assistant Secretary of the **FEDERAL INSURANCE COMPANY**, do hereby certify that the following is a true excerpt from the By-Laws of the said Company as adopted by its Board of Directors on March 11, 1953 and amended May 27, 1971 and that this By-Law is in full force and effect.

"ARTICLE XVIII.

Section 2. All bonds, undertakings, contracts and other instruments other than as above for and on behalf of the Company which it is authorized by law or its charter to execute, may and shall be executed in the name and on behalf of the Company either by the Chairman or the Vice-Chairman or the President or a Vice-President, jointly with the Secretary or an Assistant Secretary, under their respective designations, except that any one or more officers or attorneys-in-fact designated in any resolution of the Board of Directors or the Executive Committee, or in any power of attorney executed as provided for in Section 3 below, may execute any such bond, undertaking or other obligation as provided in such resolution or power of attorney.

Section 3. All powers of attorney for and on behalf of the Company may and shall be executed in the name and on behalf of the Company, either by the Chairman or the Vice-Chairman or the President or a Vice-President or an Assistant Vice-President, jointly with the Secretary or an Assistant Secretary, under their respective designations."

And I further certify that I have compared the foregoing copy of the POWER OF ATTORNEY with the original thereof and the same is a correct and true copy of the whole of said original Power of Attorney and that said Power of Attorney has not been revoked.

And I further certify that said **FEDERAL INSURANCE COMPANY** is duly licensed to transact fidelity and surety business in each of the States of the United States of America, District of Columbia, Puerto Rico, and each of the Provinces of Canada with the exception of Prince Edward Island; and is also duly licensed to become sole surety on bonds, undertakings, etc., permitted or required by law.

Given under my hand and seal of said Company at New York, N.Y., this 9th day of

February, 1983

AM Lovachis

Assistant Secretary

Financial Statement of Federal Insurance Company as of December 31, 1981

IN THOUSANDS OF DOLLARS

STATUTORY BASIS

| ASSETS | | LIABILITIES AND SURPLUS TO POLICYHOLDERS | |
|------------------------------------|---------------------|---|---------------------|
| United States Treasury Bonds | \$ 3,511 | Unearned Premiums | \$ 307,404 |
| United States Government Secured | | Outstanding Losses and Claims | 595,824 |
| New Housing Bonds | 103,219 | Ceded Reinsurance Balances Payable | 9,617 |
| State and Municipal Bonds | 550,551 | Funds Held under Reinsurance Treaties | 7,743 |
| Other Bonds | 38,785 | Non-Admitted Reinsurance | 20,369 |
| Preferred Stocks | 100,565 | Other Liabilities | 103,667 |
| Common Stocks | 134,989 | TOTAL LIABILITIES | 1,044,624 |
| TOTAL INVESTMENTS | 931,620 | | |
| Investment in Affiliates: | | | |
| Great Northern Insurance Co. | 20,726 | Common Stock | 13,987 |
| Pacific Indemnity Company | 79,182 | Paid-in Surplus | 40,913 |
| Chubb Life Insurance Co. | 37,258 | Earned Surplus | 267,649 |
| Bellemead Development Corp. | 53,680 | Unrealized Appreciation of Investments ... | 29,005 |
| Other | 13,811 | SURPLUS TO POLICYHOLDERS | 351,554 |
| Cash | 14,530 | TOTAL | \$ 1,396,178 |
| Net Premiums Receivable | 157,537 | | |
| Reinsurance Recoverable on Paid | | | |
| Losses | 20,204 | | |
| Other Assets | 67,630 | | |
| TOTAL ADMITTED ASSETS | \$ 1,396,178 | | |

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners.

Investments valued at \$20,920 are deposited with government authorities as required by law.

POWER OF ATTORNEY

Know all Men by these Presents, That the FEDERAL INSURANCE COMPANY, 51 John F. Kennedy Parkway, Short Hills, New Jersey, a New Jersey Corporation, has constituted and appointed and does hereby constitute and appoint Richard G. Hight, Assistant Secretary and James. E. Altman, Olga, Andino, Lee Cudjoe, Bonnie Laird, David B. Norris, Jr., John R. Pearson, Jr. Herman L. Rydzewski, Paul Salmon, Edward R. Saunders, Jr., Floyd A. Schroppe and Ed Van Name, of New York, New York each its true and lawful Attorney-in-Fact to execute under such designation in its name and to affix its corporate seal to and deliver for and on its behalf as surety thereon or otherwise, bonds or obligations given or executed in the course of its business, and any instruments amending or altering the same, and consents to the modification or alteration of any instruments referred to in said bonds or obligations.

In Witness Whereof, the said FEDERAL INSURANCE COMPANY has, pursuant to its By-Laws, caused these presents to be signed by its Assistant Vice-President and Assistant Secretary and its corporate seal to be hereto affixed this 1st day of May 1982.

FEDERAL INSURANCE COMPANY
By



George McClellan

George McClellan
Assistant Vice-President

Richard D. O'Connor

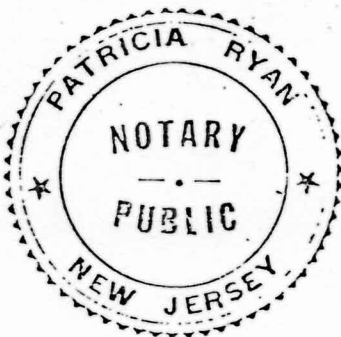
Richard D. O'Connor
Assistant Secretary

STATE OF NEW JERSEY }

County of Essex

ss:

On this 1st day of May 1982, before me personally came Richard D. O'Connor to me known and by me known to be Assistant Secretary of the FEDERAL INSURANCE COMPANY, the corporation described in and which executed the foregoing Power of Attorney and the said Richard D. O'Connor being by me duly sworn, did depose and say that he is Assistant Secretary of the FEDERAL INSURANCE COMPANY and knows the corporate seal thereof; that the seal affixed to the foregoing Power of Attorney is such corporate seal and was thereto affixed by authority of the By-Laws of said Company and that he signed said Power of Attorney as Assistant Secretary of said Company by like authority; that he is acquainted with George McClellan and knows him to be Assistant Vice-President of said Company, and that the signature of said George McClellan subscribed to said Power of Attorney is in the genuine handwriting of said George McClellan and was thereto subscribed by authority of said By-Laws and in deponent's presence.



Acknowledged and Sworn to before me
on the date above written.

Patricia Ryan
Notary Public

PATRICIA RYAN
Notary Public of New Jersey
My Commission Expires December 11, 1983

(Individual Principal)

STATE OF _____ }
COUNTY OF _____ } ss.:

On this _____ day of _____ 19____, before me personally
came _____, to me known and known by
me to be the individual described in and who executed the foregoing instrument, and he duly acknowledged
to me that he executed the same.

Notary Public

My commission expires _____

(When Principal is a Firm)

STATE OF _____ }
COUNTY OF _____ } ss.:

On this _____ day of _____ 19____, before me personally
came _____, to me known and known by
me to be a member of the firm of _____, described in and
which executed the foregoing instrument, and the said _____
duly acknowledged to me that he executed the said instrument in the name of said firm and for its purposes and on
its behalf.

Notary Public

My commission expires _____

(When Principal is a Corporation)

STATE OF NEW YORK }
COUNTY OF NEW YORK } ss.:

On this 16th day of February 19 83, before me personally
came Thomas J. Volpe to me known, who being by me duly
sworn, did depose and say; that he resides in New York that he is the Vice President
Treasurer
of Colgate-Palmolive Company the corporation described
in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said
instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and
that he signed his name thereto by like order.

Margaret K. Yonco
MARGARET K. YONCO, Notary Public
NOTARY PUBLIC, State of New York
No. 31-4653415
Qualified in New York County
My commission expires March 30, 1983

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

This certificate is for 7.50% of the limit shown hereon

1. The United States Fire Insurance Company of Morristown, NJ hereby certifies that it has issued liability insurance covering bodily injury and property damage to Colgate Palmolive Company and subsidiary, associated, affiliated companies of New York, New York in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147.

The coverage applies at Colgate-Palmolive Company, 909 River Road,
Piscataway, NJ 08854, #NJD 068693167.

for sudden accidental occurrences.

The limits of liability are the difference between \$1,000,000.00 each occurrence and \$2,000,000.00 annual aggregate and \$1,000,000.00 each occurrence, \$1,000,000.00 annual aggregate exclusive of legal defense costs. The coverage is provided under policy number 522 0113121 issued on January 26, 1982. The effective date of said policy is January 1, 1982.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Frank Kinnett

Frank Kinnett
(Authorized Representative)

The London Agency, Inc.
(Name of Company)

1230 West Peachtree Street, N.W.
(Street Address)

Atlanta, GA 30302-4985
(City and State)

CERTIFICATE ISSUED TO:

Dr. Ernest Regna

Chief-Solid Waste Branch

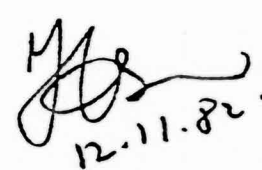
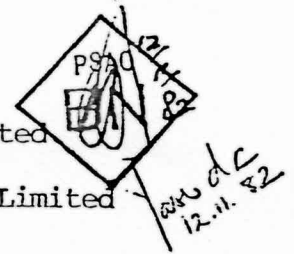
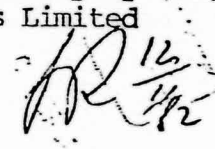
26 Federal Street

New York, NY

THIS CERTIFICATE IS FOR 85% OF THE LIMIT SHOWN HEREON

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. The "Insurers" hereon being:-

| | | |
|--------|--|--|
| 80.00% | (33.33% Walbrook Ins. Co. Ltd. (10.75% El Paso Ins. Co. Ltd. (18.82% Dart Ins. Co. Ltd. (8.06% Louisville Ins. Co. Ltd (8.61% Bermuda Fire & Marine Ins. Co. Ltd. (10.75% "Winterthur" Swiss Ins. Co. (9.68% Mutual Reinsurance Co. Ltd. Per: H.S. Weavers (Underwriting) Agencies Limited. |   |
| 2.78% | British National Life Insurance Society Limited | |
| 1.85% | Yasuda Fire & Marine Insurance Company (UK) Limited Per Leslie and Godwin Agencies Limited | |
| 0.37% | Assicurazioni Generali S.p.A. |  |

hereby certify that they have issued liability insurance covering bodily injury and property damage to the "Insured" being:-

COLGATE-PALMOLIVE COMPANY AND SUBSIDIARY, ASSOCIATED, AFFILIATED COMPANIES OR OWNED AND CONTROLLED COMPANIES AS NOW OR HEREAFTER CONSTITUTED.

in connection with the Insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at the Insureds' facilities as described in the attached schedule for sudden accidental occurrences. The limits of liability are the difference between \$1,000,000 each occurrence, \$2,000,000 annual aggregate and \$1,000,000 each occurrence, \$1,000,000 annual aggregate, exclusive of legal defense costs.

The coverage is provided under policy number 020137600 issued on the 19th July 1982. The effective date of said policy is 1st January 1982

Cont/...

2. The "Insurers" further certify the following with respect to the insurance described in paragraph 1:-

- (a) Bankruptcy or insolvency of the Insured shall not relieve the Insurers of their obligations under the policy.
- (b) The Insurers are liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurers. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurers agree to furnish to the Regional Administrator, a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurers or the Insured, will be effective only upon written notice and only after the expiration of sixty(60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty(30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

We hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151 (J) as such regulation was constituted on the date first above written, and that the Insurers are licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

SCHEDULE

| <u>ADDRESS</u> | <u>IDENTIFICATION NUMBER</u> |
|---|------------------------------|
| Colgate-Palmolive Company 105 Hudson Street Jersey City, N J 07302 | NJD 062044367 |
| Colgate-Palmolive Company Box 1445 Louisville, Kentucky 40201 | IND 990681470 |
| Colgate-Palmolive Company 1806 Kansas Avenue Kansas city, KS 66105 | KSD 007157696 |
| Colgate-Palmolive Company 909 River Road Piscataway, NJ 08854 | NJD 068693167 |
| Colgate-Palmolive Company 2700 Seventh Street Berkeley, CA 94710 | CAD 009173733 |
| The Kendall Company P.O. Box 430 Augusta, GA 30913 | GAD 001534619 |
| The Kendall Company U.S. 31 W. North Franklin, KY 42134 | KYD 062979158 |
| NDM Corporation (New Dimensions in Medicine) 3040 East River Road Dayton, Ohio 45439 | OHG 004245197 |
| Plastronics, Inc. 407 E. Michigan Street Milwaukee, Wisconsin 53202 | WID 006086110 |

The Kendall Company
Route 112
Griswoldville,
MA 01345

MAD 0003697

The Kendall Company
17 Hartwell Avenue
Lexington,
MA 02173

MAD 075363739

Princess House, Inc.
RFD No. 1
North Dighton,
MA 02764

MAD 000191700

Hampshire Lead Crystal
455 Somerset Avenue
North Dighton,
MA 02764

MAD 084801430

Pet Chemicals, Inc.
7781 N.W. 73rd Court
P.O. Box 660656
Miami,
Florida 33166

SLD 04123964

Riviana Foods, Inc.
P.O. Box 278
Abbeville,
Louisiana 70510

LAD 0007391

Etonic, Inc
147 Centre Street
Brockton,
MA 02403

MED 002578409

Insko Limited

CERTIFICATE NO.: C1000107

*Insko House, Church Street
Hamilton, Bermuda*

LETTER OF CONFIRMATION
EFFECTIVE JULY 15, 1982

NAME OF INSURED AND MAILING ADDRESS OF INSURED:

Colgate Palmolive Company, Etal
300 Park Avenue
New York, N.Y. 10022, U.S.A.

"THIS CERTIFICATE IS FOR 7.50% OF THE LIMIT SHOWN HEREON

1. Insko Ltd. hereby certifies that they have issued liability insurance covering bodily injury and property damage to the "Insured" being:-

Colgate-Palmolive Company and subsidiary, Associated affiliated companies or owned and controlled companies as now or hereafter constituted.

In connection with the Insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at the Insureds' facilities as described in the attached schedule for sudden accidental occurrences. The Limits of Liability are the difference between \$1,000,000 each occurrence, \$2,000,000 annual aggregate and \$1,000,000 each occurrence, \$1,000,000 annual aggregate, exclusive of legal defense costs.

The coverage is provided under Policy Number F6B2/0258-FC/R issued on March 22nd, 1982 the effective date of said policy is January 1st, 1982.

2. Insko Ltd. further certifies the following with respect to the insurance described in paragraph 1:-
 - (A) Bankruptcy or Insolvency of the insured shall not relieve the insurer of their obligations under the Policy.
 - (B) The insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(F) or 265.147(F).

- (C) Whenever requested by a regional administrator of the U.S. Environmental Protection Agency (EPA), the insurer agrees to furnish to the regional administrator, a signed duplicate original of the policy and all endorsements.
- (D) Cancellation of the Insurance, whether by the insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the regional administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (E) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the regional administrator(s) of the EPA Regions(s) in which the facility(ies) is (are) located.

We hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(J) as such regulation was constituted on the date first above written, and that Insko Ltd. is licensed to transact the business of insurance, or eligible to provide insurance as excess or surplus lines insurers, in one or more states."

30th November, 1982.

DATE



VICE PRESIDENT

SCHEDULE

| NAME OF FAC. | ADDRESS | EPA Id. No. |
|--|--|---------------|
| Etonic, Inc. | 147 Centre St., Brockton, MA. 02403 | MED 002578409 |
| Riviana Foods, Inc. | P.O. Box 278, Abbeville, Louisville 70510 | LAD 0007391 |
| Pet Chemicals, Inc. | 7781 N.W. 73rd Court, P.O. Box 660656, Miami, Fl. 33166 | SLD 04123964 |
| Hampshire Lead Crystal | 455 Somerset Avenue, North Dighton, MA 02764 | MAD 084801430 |
| Princess House, Inc. | RFD #1, North Dighton, MA 02764 | MAD 000191700 |
| The Kendall Company | 17 Hartwell Avenue, Lexington, MA 02173 | MAD 075363739 |
| The Kendall Company | Route 112, Griswoldville, MA 01345 | MAD 0003697 |
| Plastronics, Inc. | 407 E. Michigan Street, Milwaukee, Wisconsin 53202 | WID 006086110 |
| NDM Corporation (New Dimensions in Medicine) | 3040 East River Road, Dayton, Ohio 45439 | OHD 004245197 |
| The Kendall Company | U.S. 31 W. North, Franklin, KY 42134 | KYD Q62979158 |
| The Kendall Company | P.O. Box 430, Augusta, GA 30913 | GAD 001534619 |
| Colgate-Palmolive Co. | 2700 Seventh Street, Berkeley, CA 94710 | CAD 009173733 |
| Colgate-Palmolive Co. | 909 River Road, Piscataway, NJ 08854 | NJD 068693167 |
| Colgate-Palmolive Co. | 1806 Kansas Avenue, Kansas City, KS 66105 | KSD 007157696 |
| Colgate-Palmolive Co. | Box 1445, Louisville, KY 40201 | IND 990681470 |
| Colgate-Palmolive Co. | 105 Hudson Street, Jersey City, New Jersey 07302 | NJD 062044367 |

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

This certificate is for 7.50% of the limit shown hereon

1. The United States Fire Insurance Company of Morristown, NJ hereby certifies that it has issued liability insurance covering bodily injury and property damage to Colgate Palmolive Company and subsidiary, associated, affiliated companies of New York, New York in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147.

The coverage applies at Colgate-Palmolive Company, 105 Hudson Street, Jersey City, New Jersey 0730-02, #NJD 062044367.

for sudden accidental occurrences.

The limits of liability are the difference between \$1,000,000.00 each occurrence and \$2,000,000.00 annual aggregate and \$1,000,000.00 each occurrence, \$1,000,000.00 annual aggregate exclusive of legal defense costs. The coverage is provided under policy number 522 0113121 issued on January 26, 1982. The effective date of said policy is January 1, 1982.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Frank Kinnett
Frank Kinnett
(Authorized Representative)

The London Agency, Inc.
(Name of Company)

1230 West Peachtree Street, N.W.
(Street Address)

Atlanta, GA 30302 4985
(City and State)

CERTIFICATE ISSUED TO:

Dr. Ernest Regna

Chief-Solid Waste Branch

26 Federal Plaza

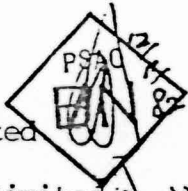
New York, New York

THIS CERTIFICATE IS FOR 85% OF THE LIMIT SHOWN HEREON

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. The "Insurers" hereon being:-

| | |
|--------|---|
| 80.00% | (33.33% Walbrook Ins. Co. Ltd. (10.75% El Paso Ins. Co. Ltd. (18.82% Dart Ins. Co. Ltd. (8.06% Louisville Ins. Co. Ltd. (8.61% Bermuda Fire & Marine Ins. Co. Ltd. (10.75% "Winterthur" Swiss Ins. Co. (9.68% Mutual Reinsurance Co. Ltd. Per: H.S. Weavers (Underwriting) Agencies Limited. |
| 2.78% | British National Life Insurance Society Limited |
| 1.85% | Yasuda Fire & Marine Insurance Company (UK) Limited Per Leslie and Godwin Agencies Limited |
| 0.37% | Assicurazioni Generali S.p.A. |

MS
12.11.82

12.11.82

hereby certify that they have issued liability insurance covering bodily injury and property damage to the "Insured" being:-

COLGATE-PALMOLIVE COMPANY AND SUBSIDIARY, ASSOCIATED, AFFILIATED COMPANIES OR OWNED AND CONTROLLED COMPANIES AS NOW OR HEREAFTER CONSTITUTED.

in connection with the Insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at the Insureds' facilities as described in the attached schedule for sudden accidental occurrences. The limits of liability are the difference between \$1,000,000 each occurrence, \$2,000,000 annual aggregate and \$1,000,000 each occurrence, \$1,000,000 annual aggregate, exclusive of legal defense costs.

The coverage is provided under policy number 020137600 issued on the 19th July 1982. The effective date of said policy is 1st January 1982

Cont/...

2. The "Insurers" further certify the following with respect to the insurance described in paragraph 1:-

- (a) Bankruptcy or insolvency of the Insured shall not relieve the Insurers of their obligations under the policy.
- (b) The Insurers are liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurers. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurers agree to furnish to the Regional Administrator, a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurers or the Insured, will be effective only upon written notice and only after the expiration of sixty(60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty(30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

We hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151 (J) as such regulation was constituted on the date first above written, and that the Insurers are licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

SCHEDULE

| <u>ADDRESS</u> | <u>IDENTIFICATION NUMBER</u> |
|---|------------------------------|
| Colgate-Palmolive Company 105 Hudson Street Jersey City, N J 07302 | NJD 062044367 |
| Colgate-Palmolive Company Box 1445 Louisville, Kentucky 40201 | IND 990681470 |
| Colgate-Palmolive Company 1806 Kansas Avenue Kansas city, KS 66105 | KSD 007157696 |
| Colgate-Palmolive Company 909 River Road Piscataway, NJ 08854 | NJD 068693167 |
| Colgate-Palmolive Company 2700 Seventh Street Berkeley, CA 94710 | CAD 009173733 |
| The Kendall Company P.O. Box 430 Augusta, GA 30913 | GAD 001534619 |
| The Kendall Company U.S. 31 W. North Franklin, KY 42134 | KYD 062979158 |
| NDM Corporation (New Dimensions in Medicine) 3040 East River Road Dayton, Ohio 45439 | OHG 004245197 |
| Plastronics, Inc. 407 E. Michigan Street Milwaukee, Wisconsin 53202 | WID 006086110 |

The Kendall Company
Route 112
Griswoldville,
MA 01345

MAD 0003697

The Kendall Company
17 Hartwell Avenue
Lexington,
MA 02173

MAD 075363739

Princess House, Inc.
RFD No. 1
North Dighton,
MA 02764

MAD 000191700

Hampshire Lead Crystal
455 Somerset Avenue
North Dighton,
MA 02764

MAD 084801430

Pet Chemicals, Inc.
7781 N.W. 73rd Court
P.O. Box 660656
Miami,
Florida 33166

SLD 04123964

Riviana Foods, Inc.
P.O. Box 278
Abbeville,
Louisiana 70510

LAD 0007391

Etonic, Inc
147 Centre Street
Brockton,
MA 02403

MED 002578409

Insko Limited

CERTIFICATE NO.: C1000107

*Insko House, Church Street
Hamilton, Bermuda*

LETTER OF CONFIRMATION
EFFECTIVE JULY 15, 1982

NAME OF INSURED AND MAILING ADDRESS OF INSURED:

Colgate Palmolive Company, Etal
300 Park Avenue
New York, N.Y. 10022, U.S.A.

"THIS CERTIFICATE IS FOR 7.50% OF THE LIMIT SHOWN HEREON

1. Insko Ltd. hereby certifies that they have issued liability insurance covering bodily injury and property damage to the "Insured" being:-

Colgate-Palmolive Company and subsidiary, Associated affiliated companies or owned and controlled companies as now or hereafter constituted.

In connection with the Insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at the Insureds' facilities as described in the attached schedule for sudden accidental occurrences. The Limits of Liability are the difference between \$1,000,000 each occurrence, \$2,000,000 annual aggregate and \$1,000,000 each occurrence, \$1,000,000 annual aggregate, exclusive of legal defense costs.

The coverage is provided under Policy Number F6B2/0258-FC/R issued on March 22nd, 1982 the effective date of said policy is January 1st, 1982.

2. Insko Ltd. further certifies the following with respect to the insurance described in paragraph 1:-
 - (A) Bankruptcy or Insolvency of the insured shall not relieve the insurer of their obligations under the Policy.
 - (B) The insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(F) or 265.147(F).

- (C) Whenever requested by a regional administrator of the U.S. Environmental Protection Agency (EPA), the insurer agrees to furnish to the regional administrator, a signed duplicate original of the policy and all endorsements.
- (D) Cancellation of the Insurance, whether by the insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the regional administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (E) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the regional administrator(s) of the EPA Regions(s) in which the facility(ies) is (are) located.

We hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(J) as such regulation was constituted on the date first above written, and that Insko Ltd. is licensed to transact the business of insurance, or eligible to provide insurance as excess or surplus lines insurers, in one or more states."

30th November, 1982.

DATE



VICE PRESIDENT

SCHEDULE

| NAME OF FAC. | ADDRESS | EPA Id. No. |
|--|--|---------------|
| Etonic, Inc. | 147 Centre St., Brockton, MA. 02403 | MED 002578409 |
| Riviana Foods, Inc. | P.O. Box 278, Abbeville, Louisville 70510 | LAD 0007391 |
| Pet Chemicals, Inc. | 7781 N.W. 73rd Court, P.O. Box 660656, Miami, FL. 33166 | SLD 04123964 |
| Hampshire Lead Crystal | 455 Somerset Avenue, North Dighton, MA 02764 | MAD 084801430 |
| Princess House, Inc. | RFD #1, North Dighton, MA 02764 | MAD 000191700 |
| The Kendall Company | 17 Hartwell Avenue, Lexington, MA 02173 | MAD 075363739 |
| The Kendall Company | Route 112, Griswoldville, MA 01345 | MAD 0003697 |
| Plastronics, Inc. | 407 E. Michigan Street, Milwaukee, Wisconsin 53202 | WID 006086110 |
| NDM Corporation (New Dimensions in Medicine) | 3040 East River Road, Dayton, Ohio 45439 | OHD 004245197 |
| The Kendall Company | U.S. 31 W. North, Franklin, KY 42134 | KYD 062979158 |
| The Kendall Company | P.O. Box 430, Augusta, GA 30913 | GAD 001534619 |
| Colgate-Palmolive Co. | 2700 Seventh Street, Berkeley, CA 94710 | CAD 009173733 |
| Colgate-Palmolive Co. | 909 River Road, Piscataway, NJ 08854 | NJD 068693167 |
| Colgate-Palmolive Co. | 1806 Kansas Avenue, Kansas City, KS 66105 | KSD 007157696 |
| Colgate-Palmolive Co. | Box 1445, Louisville, KY 40201 | IND 990681470 |
| Colgate-Palmolive Co. | 105 Hudson Street, Jersey City, New Jersey 07302 | NJD 062044367 |

Bob

COLGATE-PALMOLIVE COMPANY

A Delaware Corporation

300 Park Avenue • New York, N.Y. 10022

February 18, 1983

Mr. Joseph Cvinar
United State Environmental
Protection Agency
26 Federal Plaza
New York, New York 10278

RE: Resource Conservation Recovery Act
Colgate-Palmolive - Jersey City I.D. No. NJD062044367
Colgate-Palmolive - Piscataway I.D. No. NJD068693167

Part B

Dear Mr. Cvinar:

In reference to our telephone conversation concerning RECRA requirements, enclosed are copies of:

- Liability Certificates evidencing third party liability coverage for damage caused by sudden and accidental occurrences at our hazardous waste facilities in Jersey City and Piscataway, and
- Closure Bond 8096-88-08. We have complied with the New Jersey State law requirements. This is to advise you of the action taken.

Please confirm we have done all that is required by the government for these two locations in relation to RECRA.

Very truly yours,

COLGATE-PALMOLIVE COMPANY

Laura Wolf
Insurance Supervisor

LW:tw

cc: Messrs. ✓ Conrad Simon
P. P. Lee
M. Moore
✓ E. Gibbons
G.M.C. Michael
T. J. Volpe
J. D. Noble
D. Jenks
Ms. Helen Beggun

EPA, New York
CP, J.C.
CP, J.C.
CP, Piscataway
CP, Piscataway
CP, New York
CP, New York
CP, New York
EPA, New York

HAZARDOUS WASTE FACILITY CERTIFICATE
OF POLLUTION LIABILITY INSURANCE

1. Liberty Mutual Insurance Company (the "Insurer"), of 175 Berkeley Street, Boston, Massachusetts 02117, hereby certifies that it has issued pollution liability insurance covering bodily injury and property damage to:

(Name of Insured) Colgate-Palmolive Company (the "insured"),
(Address) 300 Park Ave., New York, NY 10022

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at:

(Name and Address of Each Facility)

(EPA Identification Number)

SEE ATTACHED SCHEDULES

for ☒ sudden accidental occurrences,
☐ sudden and nonsudden accidental occurrences.

The limits of liability are: \$ 1,000,000. annual aggregate
\$ 1,000,000. each occurrence

exclusive of legal defense costs.

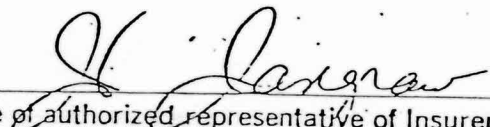
The coverage is provided under policy number RG1-612-004167-023
issued on (date) 1/1/83
The effective date of said policy is (date) 1/1/83
The effective date of said pollution coverage is (date) 1/1/83

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the Facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.


(Signature of authorized representative of Insurer)

J.F. Jangraw

Production Manager

(Type Name and Title) Authorized Representative of (Liberty Mutual Insurance Co.)

1775 Lisbon Road, P.O. Box 4600

(Address of Representative)

Lewiston, ME

04240

SCHEDULE

| <u>NAME & ADDRESS OF EACH FACILITY</u> | <u>EPA IDENTIFICATION #</u> |
|--|-----------------------------|
| REGION 1 | |
| The Kendall Company Route 112 Griswoldville, MA 01345 | MAD 0003697 |
| The Kendall Company 17 Hartwell Ave., Lexington, MA 02173 | MAD 075363739 |
| Princess House, Inc. RFD #1 North Dighton, MA 02764 | MAD 000191700 |
| Hampshire Lead Crystal 455 Somerset Avenue North Dighton, MA 02764 | MAD 084801430 |
| Etonic, Inc. 147 Centre St., Brockton, MA 02403 | MAD 002578409 |
| REGION 2 | |
| Colgate-Palmolive Company 105 Hudson St., Jersey City, NJ 07302 | NJD 062044367 |
| Colgate-Palmolive Company 909 River Road Piscataway, NJ 08854 | NJD 068693167 |
| REGION 4 | |
| Colgate-Palmolive Company Box 1445 Louisville, KY 40201 | IND 990681470 |
| The Kendall Company P.O. Box 430 Augusta, GA 30913 | GAD 001534619 |
| The Kendall Company U.S. 31 W. North Franklin, KY 42134 | KYD 062979158 |

NAME & ADDRESS OF EACH FACILITY

EPA IDENTIFICATION #

REGION 4

Pet Chemicals, Inc.
7781 N.W. 73rd Court
P.O. Box 660656
Miami, FL 33166

FLD 04123964

REGION 5

NDM Corporation (New Dimensions in Medicine)
3040 East River Road
Dayton, OH 45439

OHD 004245197

Plastronics, Inc.
407 E. Michigan St.,
Milwaukee, WI 53202

WID 006086110

REGION 6

Riviana Foods, Inc.
P.O. Box 278
Abbeville, LA 70510

LAD 0007391

REGION 7

Colgate-Palmolive Company
1806 Kansas Avenue
Kansas City, KS 66105

KSD 007157696

REGION 9

Colgate-Palmolive Company
2700 Seventh Street
Berkeley, CA 94710

CAD 009173733

We are aware of the current New Jersey hazardous waste regulations and how they differ from the federal regulations. We will continue to comply with both sets of regulations as required. Please advise if this is sufficient or if any further information would be required.

Sincerely Yours,



FRED F. PETERSON
PLANT MANAGER

Prepared By:



Martin J. Moore
Environmental Engineer

cc: USEPA
SOLID WASTE BRANCH
Attn: Philip Guarraia

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
BUREAU OF HAZARDOUS WASTE
32 E. Hanover Street
Trenton, N. J. 08625
Attn: Frank Coolick, Chief

P. P. Lee A-1-8
D. A. Calabro A-1-3

MJM/dw

Attachments

cc: Robert Gantzer
USEPA
Solid Waste Branch
26 Federal Plaza
New York, N. Y. 10278

Frank Coolick
NJDEP
Division Of Waste Management
Bureau Of Hazardous Waste
32 E. Hanover Street
Trenton, N. J. 08625

| | |
|----------------|--------|
| P. P. LEE | A-1-8 |
| F. F. PETERSON | A-1-10 |
| D. A. CALABRO | A-1-3 |

MJM/dw

COLGATE-PALMOLIVE COMPANY

105 Hudson Street - Jersey City, New Jersey 07302

NJD 062044367

PERMITS ADMINISTRATION BRANCH
US ENVIRONMENTAL PROTECTION AGENCY
26 Federal Plaza
New York, New York 10278

Dear Sir,

After a careful review of our operations it was decided that the Colgate Palmolive Jersey City plant will operate only as generator of hazardous wastes. It was originally thought that the 90 day storage limit for generators would be too restrictive for our operations at this plant. But since the beginning of the RCRA program experience has been gained with these regulations and the short term storage of hazardous wastes will present no problems for this plant.

On August 15, 1980 we had originally filed the "Notification of Hazardous Waste Activity" (EPA Form 8700-12,6-80) as both a generator and a storage facility. On November 13, 1980 we filed the "Consolidated Permits Program" (EPA Form 3510-1 & 3,6-80) as a storage facility. Accordingly on August 24, 1982 we were notified that our Part B storage permit application was required. Instead of filing that Part B, we are hereby refiling Part A (EPA Form 3510-1,6-80) as a generator only.

The wastes that are routinely generated at this plant fall into two general categories. The first is spent solvents. These wastes are collected in 55 gallon drums at a total rate of approximately 1320 gallons per year. The second category is a waste acid stream from a detergent base sulfonation plant. The sulfuric plus dodecylbenzene sulfonic acids are collected in a 6000 gallon tank at a rate of approximately 12,000 gallons per year. Both categories of wastes will be removed from this plant in less than 90 days and appropriately manifested to a disposal facility. From time to time various listed raw materials that are determined to be obsolete will be disposed of as "Discarded Commercial Products". This house cleaning procedure is an on-going process and can not be accurately estimated.

On our original Part A we showed one underground tank located just east of our building J-1. This tank is installed on the discharge line from the floor drains in our Essential Oils building. This tank has working capacity of approximately 2900 gallons and is equipped with a water/oil separation baffle. The intent is to provide a recovery system in the case of a tank rupture or sprinkler discharge. It is not used for the storage of wastes. In the event of a spill the collected material would be sampled and then be disposed of or reclaimed as required.

COLGATE-PALMOLIVE COMPANY

105 Hudson Street - Jersey City, New Jersey 07302

NJD 062044367

PERMITS ADMINISTRATION BRANCH
US ENVIRONMENTAL PROTECTION AGENCY
26 Federal Plaza
New York, New York 10278

Dear Sir,

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The wastes that are routinely generated at this plant fall into two general categories. The first is spent solvents. These wastes are collected in 55 gallon drums at a total rate of approximately 1320 gallons per year. The second category is a waste acid stream from a detergent base sulfonation plant. The sulfuric plus dodecylbenzene sulfonic acids are collected in a 6000 gallon tank at a rate of approximately 12,000 gallons per year. Both categories of wastes will be removed from this plant in less than 90 days and appropriately manifested to a disposal facility. From time to time various listed raw materials that are determined to be obsolete will be disposed of as "Discarded Commercial Products". This house cleaning procedure is an on-going process and can not be accurately estimated.

On our original Part A we showed one underground tank located just east of our building J-1. This tank is installed on the discharge line from the floor drains in our Essential Oils building. This tank has working capacity of approximately 2900 gallons and is equipped with a water/oil separation baffle. The intent is to provide a recovery system in the case of a tank rupture or sprinkler discharge. It is not used for the storage of wastes. In the event of a spill the collected material would be sampled and then be disposed of or reclaimed as required.


We are aware of the current New Jersey hazardous waste regulations and how they differ from the federal regulations. We will continue to comply with both sets of regulations as required. Please advise if this is sufficient or if any further information would be required.

Sincerely Yours,



FRED F. PETERSON
PLANT MANAGER

Prepared By:



Martin J. Moore
Environmental Engineer

cc: USEPA
SOLID WASTE BRANCH
Attn: Philip Guarraia

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
BUREAU OF HAZARDOUS WASTE
32 E. Hanover Street
Trenton, N. J. 08625
Attn: Frank Coolick, Chief

P. P. Lee A-1-8
D. A. Calabro A-1-3

MJM/dw

COLGATE-PALMOLIVE COMPANY

105 Hudson Street - Jersey City, New Jersey 07302

ID No. NJD062044367

*Eddy Bob OK
inform company
that request is
granted
Joel*

U. S. ENVIRONMENTAL PROTECTION AGENCY
SOLID WASTE BRANCH
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTENTION: Joel Golumbeck
Chief, New Jersey Hazardous Waste Section

Dear Sir:

On August 15, 1980 we filed the "Notification of Hazardous Waste Activity" (EPA Form 8700-12, 6-80) as a generator and a storage facility. On November 13, 1980 we filed the "Consolidated Permits Program" (EPA Form 3510-1 & 3, 6-80) as a storage facility. Accordingly on August 24, 1982 we were notified that our Part B storage permit application was required.

A review of our operations at this location showed that the hazardous wastes that will be routinely generated fall into two general categories. The first is spent solvents. These wastes are collected in 55 gallon drums at a total rate of approximately 1320 gallons per year. The second category is a waste acid stream from a detergent base sulfonation plant. This sulfuric acid plus dodecylbenzene sulfonic acid is collected in one 6000 gallon tank at a rate of 12,000 gallons per year. From time to time various listed raw materials are determined to be surplus and are disposed of as "Discarded Commercial Products". This house cleaning procedure is an on-going process and can not be accurately estimated.

After reviewing this information, the local management at the Jersey City plant was preparing to refile Part A as a generator only. It was decided that all hazardous wastes could be removed in less than 90 days and appropriately manifested to a disposal facility. But a corporate decision was rendered by Colgate upper management that all domestic plants would file as storage facilities.

February 18, 1983

Unfortunately this decision was related to local management on the 16th of February. Consequently we are unable to forward the completed part B application to you on time. We respectfully request a 30 day extension of our deadline. This would make our filing date March 22, 1983.

We regret this delay but we feel that circumstances beyond local control have caused this problem.

Sincerely yours,



Martin J. Moore
Environmental Engineer

cc: P. P. Lee, Associate Director Central Engineering
F. F. Peterson, Plant Manager, Jersey City
D. A. Calabro, Plant Engineer, Jersey City

Robert Gantzer
USEPA Region II
Solid Waste Branch

MJM:ck

APR 07 1983

Mr. Fred F. Paterson
Plant Manager
Colgate Palmolive Company
105 Hudson Street
Jersey City, NJ 07302

Re: EPA ID No. NJD062044367

Dear Mr. Paterson:

The Environmental Protection Agency (EPA) Region II has reviewed your March 14, 1983 letter and based upon the information presented we have determined that the above mentioned facility will no longer be considered to have interim status, and will not be allowed to treat, store or dispose of hazardous waste. However, the facility will remain in our records as a generator only. As a generator of hazardous waste the facility will have to comply with the 40 CFR 262 standards applicable to generators of hazardous waste.

Please be advised that if in the future Colgate Palmolive Company decides to re-apply for a hazardous waste permit, it would have to obtain a permit as if the facility was a new facility.

If you have any questions you can contact Mr. Robert Gantzer, of my staff, at 212-264-1829.

Sincerely yours,

Joel Columbek
Chief
NJ/Caribbean Hazardous Waste Section
Solid Waste Branch

cc: Frank Coolick, NJDEP

bcc: Tom Taccone, 2PM-PA

2AWM-SW:RGANTZER:rw:4/6/83:X1829

2AWM-SW 2AWM-SW

MAR 02 1983

Mr. Martin J. Moore
Environmental Engineer
Colgate-Palmolive Company
105 Hudson Street
Jersey City, New Jersey 07302

Re: Colgate-Palmolive Company
EPA ID No. NJD062044367

Dear Mr. Moore:

The Environmental Protection Agency (EPA) is in receipt of your letter dated February 18, 1983, requesting a 30-day extension for submission of the Part B application. The request is granted. However, as stated in the Federal Regulations at 40 CFR 122.22, failure to furnish a requested Part B application on time, or to furnish in full the information required by the Part B application, is grounds for termination of interim status. Any further delay in the submission of your Part B application will require a consideration of that option on our part. Therefore, it is expected that the application will be submitted to this office by no later than March 22, 1983.

Sincerely yours,

Joel Columbek
Chief
NJ/Caribbean Hazardous Waste Section
Solid Waste Branch

bcc: Tom Taccone, 2PM-PA

2AWM-SW:RGANTZER:rw:3/2/83:X1829

2AWM-SW

2AWM-SW

COLGATE-PALMOLIVE COMPANY

105 Hudson Street - Jersey City, New Jersey 07302

EPA ID No. NJD 062044367

March 14, 1983

• U.S. ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 Federal Plaza
New York, New York 10278

ATTN: Joel Golumbek
Chief
NJ/Caribbean Hazardous Waste Section
Solid Waste Branch

Dear Sir,

On February 18, 1983 we requested a 30 day filing extension for our RCRA Part B permit application. This extension was granted as indicated in your letter of March 2, 1983, which notes the new filing deadline as March 22, 1983.

The reason for this extension request was a corporate policy change which required all domestic Colgate plants to be classified as storage facilities. It had been the opinion of local management that the Jersey City plant could operate as a generator only. To this end we were preparing to refile Part A as a generator. (See Attachment No. 1, transmittal letter and Attachment No. 2 EPA Form 3510-1,6-80.) The actual form was signed and dated on Feb. 9, 1983 but due to the before mentioned policy change this was not sent to the Region II office within the 180 day limit.

Since that time considerable internal debate has gone on regarding the merits of generator status versus storage status. The net result of this is that the Jersey City plant will be allowed by upper management to file as originally intended. Therefore we are resubmitting the previously prepared documents. We intend to operate as a generator and store all hazardous wastes for less than 90 days. Current waste to be removed within 90 days.

We apologize for this confusion but we are attempting to operate in a manner which is most consistent with this plant and the RCRA regulations. Developing these procedures and presenting them to Colgate upper management is time consuming and unfortunately has caused excessive delays.

Sincerely Yours,



Martin J. Moore
Environmental Engineer

Attachments

cc: Robert Gantzer
USEPA
Solid Waste Branch
26 Federal Plaza
New York, N. Y. 10278

Frank Coolick
NJDEP
Division Of Waste Management
Bureau Of Hazardous Waste
32 E. Hanover Street
Trenton, N. J. 08625

| | |
|----------------|--------|
| P. P. LEE | A-1-8 |
| F. F. PETERSON | A-1-10 |
| D. A. CALABRO | A-1-3 |

MJM/dw

COLGATE-PALMOLIVE COMPANY

A Delaware Corporation

300 Park Avenue • New York, N.Y. 10022

February 18, 1983

Mr. Joseph Cvinar
United State Environmental
Protection Agency
26 Federal Plaza
New York, New York 10278

RE: Resource Conservation Recovery Act
Colgate-Palmolive - Jersey City I.D. No. NJD062044367
Colgate-Palmolive - Piscataway I.D. No. NJD068693167

Dear Mr. Cvinar:

In reference to our telephone conversation concerning RECRA requirements, enclosed are copies of:

- Liability Certificates evidencing third party liability coverage for damage caused by sudden and accidental occurrences at our hazardous waste facilities in Jersey City and Piscataway, and
- Closure Bond 8096-88-08. We have complied with the New Jersey State law requirements. This is to advise you of the action taken.

Please confirm we have done all that is required by the government for these two locations in relation to RECRA.

Very truly yours,

COLGATE-PALMOLIVE COMPANY

Laura Wolf
Insurance Supervisor

LW:tw

cc: Messrs. ✓ Conrad Simon
P. P. Lee
M. Moore
E. Gibbons
G.M.C. Michael
T. J. Volpe
J. D. Noble
D. Jenks
Ms. Helen Beggun

EPA, New York
CP, J.C.
CP, J.C.
CP, Piscataway
CP, Piscataway
CP, New York
CP, New York
CP, New York
EPA, New York

CHUBB GROUP of Insurance Companies

FEDERAL INSURANCE COMPANY

PERFORMANCE BOND FOR CLOSURE

Bond No. 8096-88-08

Date bond Executed: February 9, 1983

Effective date: February 3, 1983

Principal: Colgate Palmolive Co., 300 Park Avenue, New York, N.Y.

State of Incorporation: Delaware

Surety: Federal Insurance Company, 51 John F. Kennedy Parkway,
Short Hills, New Jersey 07078

EPA Identification Number: NJD062044367, Colgate Palmolive Co., 105
Hudson Street, Jersey City, N.J., \$50,000. and
NJD068693167, Colgate Palmolive Co., 909
River Road, Piscataway, N.J., \$20,000.

Total penal sum of bond: \$70,000.00

KNOW ALL MEN BY THESE PRESENTS, that we, the Principal and Surety (ies) hereto are firmly bound unto the New Jersey State Department of Environmental Protection (hereinafter called the Department), in the above penal sum for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally; provided that, where the Surety (ies) are corporations acting as cosureties, we, the Sureties, bind ourselves in such sum "jointly and severally" only for the purpose of allowing a joint action or actions against any or all of us, and for all other purposes each Surety binds itself, jointly and severally with the Principal, for the payment of such sum only as is set forth opposite the name of such Surety, but if no limit of liability is indicated, the limit of liability shall be the full amount of the penal sum.

WHEREAS, the Principal is required to have a permit or permits issued pursuant to N.J.A.C. 7:26-12.1 et seq. in order to own or operate the hazardous waste management facility(ies), identified above, and

WHEREAS, the Principal is required to provide financial assurance for closure of the facility(ies) as a condition of the permit(s), and

WHEREAS, the Principal shall establish a standby trust fund as specified by N.J.A.C. 7:26-9.10(h).

NOW, THEREFORE, the conditions of the obligation are such that if the Principal shall faithfully perform closure of the facility(ies) identified above in accordance with the closure plan(s) submitted to receive said permit(s) as such plan(s) and permit(s) may be amended, pursuant to all applicable laws, statutes, rules, and regulations, as such laws, statutes, rules, and regulations may be amended.

OR, if the Principal shall faithfully perform closure in accordance with N.J.A.C. 7:26-9.8 following an order to begin closure issued by the Department or by a court of competent jurisdiction as amended, or following a notice of termination of the permit pursuant to N.J.A.C. 7:26-12.1 et seq.

CHUBB GROUP of Insurance Companies

FEDERAL INSURANCE COMPANY

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River Road, Piscataway, N.J., \$20,000.

Total penal sum of bond: \$70,000.00

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OR, if the Principal shall faithfully perform closure in accordance with N.J.A.C. 7:26-9.8 following an order to begin closure issued by the Department or by a court of competent jurisdiction as amended, or following a notice of termination of the permit pursuant to N.J.A.C. 7:26-12.1 et seq.

The Surety (ies) shall become liable on this bond obligation only when the Principal has failed to fulfill the conditions described above. Upon notification by the Department that the Principal has been found in violation of N.J.A.C. 7:26-9.10 in an order made pursuant to N.J.S.A. 13:1E-1 et seq. as amended, the Surety(ies) shall place funds in the amount of the adjusted closure cost estimate(s) into the standby trust fund as directed by the Department. Upon notification by the Department that the Principal has been found in violation of the closure requirements of N.J.A.C. 7:26-9.8 the Surety(ies) shall either perform closure in accordance with the closure plan(s) and other permit requirements or place the amount of the adjusted closure cost estimate(s) in the standby trust fund. Upon notification by the Department that the Principal has been found in violation of an order to begin closure, the Surety(ies) shall either perform closure in accordance with the closure order or place the amount of the adjusted closure cost estimate(s) in the standby trust fund.

The Surety(ies) hereby waives notification of amendments to the closure plan(s), permit(s), applicable laws, statutes, rules and regulations and agrees that no such amendment(s) shall in any way alleviate its (their) obligation on this bond.

The liability of the Surety(ies) shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penal sum of the bond, but in no event shall the obligation of the Surety(ies) hereunder exceed the amount of said penal sum.

The Surety(ies) may cancel the bond by sending written notice of cancellation to the owner or operator and to the Department provided, however, that cancellation cannot occur: (1) during the 90 days beginning on the date of receipt of the notice of cancellation by the Department as shown on the signed return receipt(s); or (2) while a compliance procedure is pending as defined in N.J.A.C. 7:26-9.10(b).

The Principal may terminate this bond by sending written notice to the Surety(ies), provided, however, that no such notice shall become effective until the Surety(ies) receive(s) written authorization for termination of the bond by the Department.

Principal and Surety(ies) hereby agree to adjust the penal sum of the bond yearly so that it equals the adjusted closure cost estimate(s), provided that the amount of the cost estimate(s) does (do) not increase by more than 20 percent in any one year, and no decrease in the penal sum takes place without written permission of the Department.

In witness whereof, the Principal and Surety(ies) have executed this Performance Bond and have affixed their seals on the date set forth above.

The persons whose signatures appear below hereby certify that they are authorized to execute this surety bond on behalf of the Principal and Surety(ies).

COLGATE PALMOLIVE CO.

COUNTERSIGNED BY
JOHN S. BAIN

By: 

FEDERAL INSURANCE COMPANY

PERFORMANCE BOND FOR CLOSUREBond No. 8096-88-08Date bond Executed: February 9, 1983Effective date: February 3, 1983

Principal: Colgate Palmolive Co., 300 Park Avenue, New York, N.Y.

State of Incorporation: DelawareSurety: Federal Insurance Company, 51 John F. Kennedy Parkway,
Short Hills, New Jersey 07078EPA Identification Number: NJD062044367, Colgate Palmolive Co., 105
Hudson Street, Jersey City, N.J., \$50,000. and
NJD068693167, Colgate Palmolive Co., 909
River Road, Piscataway, N.J., \$20,000.Total penal sum of bond: \$70,000.00

KNOW ALL MEN BY THESE PRESENTS, that we, the Principal and Surety (ies) hereto are firmly bound unto the New Jersey State Department of Environmental Protection (hereinafter called the Department), in the above penal sum for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally; provided that, where the Surety (ies) are corporations acting as cosureties, we, the Sureties, bind ourselves in such sum "jointly and severally" only for the purpose of allowing a joint action or actions against any or all of us, and for all other purposes each Surety binds itself, jointly and severally with the Principal, for the payment of such sum only as is set forth opposite the name of such Surety, but if no limit of liability is indicated, the limit of liability shall be the full amount of the penal sum.

WHEREAS, the Principal is required to have a permit or permits issued pursuant to N.J.A.C. 7:26-12.1 et seq. in order to own or operate the hazardous waste management facility(ies), identified above, and

WHEREAS, the Principal is required to provide financial assurance for closure of the facility(ies) as a condition of the permit(s), and

WHEREAS, the Principal shall establish a standby trust fund as specified by N.J.A.C. 7:26-9.10(h).

NOW, THEREFORE, the conditions of the obligation are such that if the Principal shall faithfully perform closure of the facility(ies) identified above in accordance with the closure plan(s) submitted to receive said permit(s) as such plan(s) and permit(s) may be amended, pursuant to all applicable laws, statutes, rules, and regulations, as such laws, statutes, rules, and regulations may be amended.

OR, if the Principal shall faithfully perform closure in accordance with N.J.A.C. 7:26-9.8 following an order to begin closure issued by the Department or by a court of competent jurisdiction as amended, or following a notice of termination of the permit pursuant to N.J.A.C. 7:26-12.1 et seq.

The Surety (ies) shall become liable on this bond obligation only when the Principal has failed to fulfill the conditions described above. Upon notification by the Department that the Principal has been found in violation of N.J.A.C. 7:26-9.10 in an order made pursuant to N.J.S.A. 13:1E-1 et seq. as amended, the Surety(ies) shall place funds in the amount of the adjusted closure cost estimate(s) into the standby trust fund as directed by the Department. Upon notification by the Department that the Principal has been found in violation of the closure requirements of N.J.A.C. 7:26-9.8 the Surety(ies) shall either perform closure in accordance with the closure plan(s) and other permit requirements or place the amount of the adjusted closure cost estimate(s) in the standby trust fund. Upon notification by the Department that the Principal has been found in violation of an order to begin closure, the Surety(ies) shall either perform closure in accordance with the closure order or place the amount of the adjusted closure cost estimate(s) in the standby trust fund.

The Surety(ies) hereby waives notification of amendments to the closure plan(s), permit(s), applicable laws, statutes, rules and regulations and agrees that no such amendment(s) shall in any way alleviate its (their) obligation on this bond.

The liability of the Surety(ies) shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penal sum of the bond, but in no event shall the obligation of the Surety(ies) hereunder exceed the amount of said penal sum.

The Surety(ies) may cancel the bond by sending written notice of cancellation to the owner or operator and to the Department provided, however, that cancellation cannot occur: (1) during the 90 days beginning on the date of receipt of the notice of cancellation by the Department as shown on the signed return receipt(s); or (2) while a compliance procedure is pending as defined in N.J.A.C. 7:26-9.10(b).

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Principal and Surety(ies) hereby agree to adjust the penal sum of the bond yearly so that it equals the adjusted closure cost estimate(s), provided that the amount of the cost estimate(s) does (do) not increase by more than 20 percent in any one year, and no decrease in the penal sum takes place without written permission of the Department.

In witness whereof, the Principal and Surety(ies) have executed this Performance Bond and have affixed their seals on the date set forth above.

The persons whose signatures appear below hereby certify that they are authorized to execute this surety bond on behalf of the Principal and Surety(ies).

COLGATE PALMOLIVE CO.

COUNTERSIGNED BY
JOHN S. BAIN

By: 

(Individual Principal)

STATE OF _____ }
COUNTY OF _____ } ss.:

On this _____ day of _____ 19 _____, before me personally

came _____, to me known and known by
me to be the individual described in and who executed the foregoing instrument, and he duly acknowledged
to me that he executed the same.

Notary Public

My commission expires _____

(When Principal is a Firm)

STATE OF _____ }
COUNTY OF _____ } ss.:

On this _____ day of _____ 19 _____, before me personally

came _____, to me known and known by
me to be a member of the firm of _____, described in and

which executed the foregoing instrument, and the said _____
duly acknowledged to me that he executed the said instrument in the name of said firm and for its purposes and on
its behalf.

Notary Public

My commission expires _____

(When Principal is a Corporation)

STATE OF NEW YORK }
COUNTY OF NEW YORK } ss.:

On this 16th day of February 19 83, before me personally

came Thomas J. Volpe to me known, who being by me duly

sworn, did depose and say; that he resides in New York that he is the Vice President & Treasurer

of Colgate-Palmolive Company the corporation described
in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said
instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and
that he signed his name thereto by like order.

Margaret K. Yonco Notary Public.
MARGARET K. YONCO
NOTARY PUBLIC, State of New York
No. 31-4653415

My commission expires Qualified in New York County
Commission Expires March 30, 1983

POWER OF ATTORNEY

Know all Men by these Presents, That the FEDERAL INSURANCE COMPANY, 51 John F. Kennedy Parkway, Short Hills, New Jersey, a New Jersey Corporation, has constituted and appointed and does hereby constitute and appoint Richard G. Hight, Assistant Secretary and James, E. Altman, Olga, Andino, Lee Cudjoe, Bonnie Laird, David B. Norris, Jr., John R. Pearson, Jr. Herman L. Rydzewski, Paul Salmon, Edward R. Saunders, Jr., Floyd A. Schroppe and Ed Van Name, of New York, New York each its true and lawful Attorney-in-Fact to execute under such designation in its name and to affix its corporate seal to and deliver for and on its behalf as surety thereon or otherwise, bonds or obligations given or executed in the course of its business, and any instruments amending or altering the same, and consents to the modification or alteration of any instruments referred to in said bonds or obligations.

In Witness Whereof, the said FEDERAL INSURANCE COMPANY has, pursuant to its By-Laws, caused these presents to be signed by its Assistant Vice-President and Assistant Secretary and its corporate seal to be hereto affixed this 1st day of May 1982.

FEDERAL INSURANCE COMPANY
By



George McClellan
Assistant Vice-President



Richard D. O'Connor
Assistant Secretary

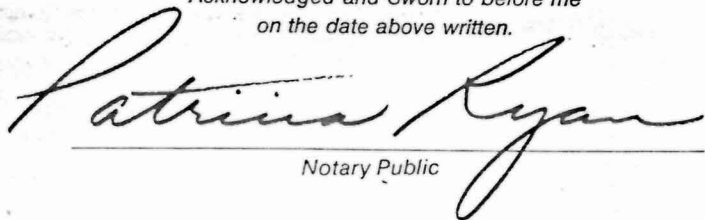


STATE OF NEW JERSEY
County of Essex

ss:

On this 1st day of May 1982, before me personally came Richard D. O'Connor to me known and by me known to be Assistant Secretary of the FEDERAL INSURANCE COMPANY, the corporation described in and which executed the foregoing Power of Attorney and the said Richard D. O'Connor being by me duly sworn, did depose and say that he is Assistant Secretary of the FEDERAL INSURANCE COMPANY and knows the corporate seal thereof; that the seal affixed to the foregoing Power of Attorney is such corporate seal and was thereto affixed by authority of the By-Laws of said Company and that he signed said Power of Attorney as Assistant Secretary of said Company by like authority; that he is acquainted with George McClellan and knows him to be Assistant Vice-President of said Company, and that the signature of said George McClellan subscribed to said Power of Attorney is in the genuine handwriting of said George McClellan and was thereto subscribed by authority of said By-Laws and in deponent's presence.

Acknowledged and Sworn to before me
on the date above written.



Notary Public



PATRICIA RYAN
Notary Public of New Jersey
My Commission Expires December 11, 1983

NOTARIAL ACKNOWLEDGMENT

CITY, COUNTY & STATE OF NEW YORK, ss

On this 9th day of February, 1983, before me personally came Paul Salmon to me known, who, being by me duly sworn, did depose and say that he is an Attorney-in-Fact of the **FEDERAL INSURANCE COMPANY**, the Corporation described in and which executed the annexed instrument; that he knows the corporate seal; that it was so affixed by order and authority of the Board of Directors of said corporation, and that he signed his name thereto by like order and authority.

HELEN S. BROWN
NOTARY PUBLIC, State of New York
 No. 31-4682129
 Qualified in New York County
 Commission Expires March 30, 1984

Sworn to and Acknowledged
 before me on the date above written

Helen S. Brown
 (Notary's Signature, Description and Seal)

CERTIFICATION

CITY AND COUNTY OF NEW YORK: ss

I, the undersigned, Assistant Secretary of the **FEDERAL INSURANCE COMPANY**, do hereby certify that the following is a true excerpt from the By-Laws of the said Company as adopted by its Board of Directors on March 11, 1953 and amended May 27, 1971 and that this By-Law is in full force and effect.

"ARTICLE XVIII.

Section 2. All bonds, undertakings, contracts and other instruments other than as above for and on behalf of the Company which it is authorized by law or its charter to execute, may and shall be executed in the name and on behalf of the Company either by the Chairman or the Vice-Chairman or the President or a Vice-President, jointly with the Secretary or an Assistant Secretary, under their respective designations, except that any one or more officers or attorneys-in-fact designated in any resolution of the Board of Directors or the Executive Committee, or in any power of attorney executed as provided for in Section 3 below, may execute any such bond, undertaking or other obligation as provided in such resolution or power of attorney.

Section 3. All powers of attorney for and on behalf of the Company may and shall be executed in the name and on behalf of the Company, either by the Chairman or the Vice-Chairman or the President or a Vice-President or an Assistant Vice-President, jointly with the Secretary or an Assistant Secretary, under their respective designations."

And I further certify that I have compared the foregoing copy of the POWER OF ATTORNEY with the original thereof and the same is a correct and true copy of the whole of said original Power of Attorney and that said Power of Attorney has not been revoked.

And I further certify that said **FEDERAL INSURANCE COMPANY** is duly licensed to transact fidelity and surety business in each of the States of the United States of America, District of Columbia, Puerto Rico, and each of the Provinces of Canada with the exception of Prince Edward Island; and is also duly licensed to become sole surety on bonds, undertakings, etc., permitted or required by law.

Given under my hand and seal of said Company at New York, N.Y., this 9th day of February, 1983

AM Lovocchio

Assistant Secretary

Financial Statement of Federal Insurance Company as of December 31, 1981

IN THOUSANDS OF DOLLARS
 STATUTORY BASIS

| ASSETS | | LIABILITIES AND SURPLUS TO POLICYHOLDERS | |
|------------------------------------|---------------------|--|---------------------|
| United States Treasury Bonds | \$ 3,511 | Unearned Premiums | \$ 307,404 |
| United States Government Secured | | Outstanding Losses and Claims | 595,824 |
| New Housing Bonds | 103,219 | Ceded Reinsurance Balances Payable | 9,617 |
| State and Municipal Bonds | 550,551 | Funds Held under Reinsurance Treaties ... | 7,743 |
| Other Bonds | 38,785 | Non-Admitted Reinsurance | 20,369 |
| Preferred Stocks | 100,565 | Other Liabilities | 103,667 |
| Common Stocks | 134,989 | TOTAL LIABILITIES | 1,044,624 |
| TOTAL INVESTMENTS | 931,620 | | |
| Investment in Affiliates: | | | |
| Great Northern Insurance Co | 20,726 | Common Stock | 13,987 |
| Pacific Indemnity Company | 79,182 | Paid-in Surplus | 40,913 |
| Chubb Life Insurance Co | 37,258 | Earned Surplus | 267,649 |
| Bellemead Development Corp | 53,680 | Unrealized Appreciation of Investments ... | 29,005 |
| Other | 13,811 | SURPLUS TO POLICYHOLDERS | 351,554 |
| Cash | 14,530 | TOTAL | \$ 1,396,178 |
| Net Premiums Receivable | 157,537 | | |
| Reinsurance Recoverable on Paid | | | |
| Losses | 20,204 | | |
| Other Assets | 67,630 | | |
| TOTAL ADMITTED ASSETS | \$ 1,396,178 | | |

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners.

Investments valued at \$20,920 are deposited with government authorities as required by law.

Hazardous Waste Facility Certificate of Liability Insurance

This certifies to:

Dr. Ernest Regna
Chief-Solid Waste Branch
26 Federal Plaza
New York, New York

1. The Commercial Union Insurance Company, (The "Insurer") of Boston, Massachusetts

hereby certifies that it has issued liability insurance covering bodily injury and property damage to

Colgate-Palmolive Company, (the "Insured") of
(Name of Insured)

300 Park Avenue
(Address)

New York, New York 10022

in conjunction with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at

Colgate-Palmolive Company

(Name of Facility)

105 Hudson Street, Jersey City, New Jersey 0730-02

(Addresss)

NJD 062044367

(EPA Identification Number)

for (X) sudden accidental occurrences
 () non-sudden accidental occurrences

The insurance hereby certified is either primary or excess insurance, as indicated by "X" for the limits shown;

(X) The Insurance hereby certified is primary and the Insurer shall not be liable for amounts in excess of \$ 1,000,000. per each occurrence/per each claim/per pollution incident, \$ 1,000,000. annual aggregate, exclusive of legal defense costs.

() The insurance hereby certified is excess and the Insurer will not be liable for amounts in excess of \$ _____ per each occurrence/per each claim/per pollution incident, \$ _____ annual aggregate, exclusive of legal defense costs, in excess of the underlying limits of \$ _____ per each occurrence/per each claim/per pollution incident, \$ _____ annual aggregate, exclusive of legal defense costs.

The coverage is provided under policy number CY 9009-788, issued on 1/25/82. The effective date of said policy is 1-1-82.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1.
 - (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
 - (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice and only after the expiration for sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 C FR 264.151(i) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines Insurer, in one or more States.

Peter P. Fortuna

Signature of Authorized Representative

Peter P. Fortuna Type Name

Partner

OBrion, Russell & Co. (Title), Authorized Representative of

Commercial Union Insurance Co. Insurer's Name

One Boston Place

Boston, Mass. 02108 Address of Representative

This certificate is for 7.50% of the limit shown hereon

1. The United States Fire Insurance Company of Morristown, NJ hereby certifies that it has issued liability insurance covering bodily injury and property damage to Colgate Palmolive Company and subsidiary, associated, affiliated companies of New York, New York in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147.

The coverage applies at Colgate-Palmolive Company, 909 River Road,
Piscataway, NJ 08854, #NJD 068693167.

for sudden accidental occurrences.

The limits of liability are the difference between \$1,000,000.00 each occurrence and \$2,000,000.00 annual aggregate and \$1,000,000.00 each occurrence, \$1,000,000.00 annual aggregate exclusive of legal defense costs. The coverage is provided under policy number 522 0113121 issued on January 26, 1982. The effective date of said policy is January 1, 1982.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Frank Kinnett

Frank Kinnett
(Authorized Representative)

The London Agency, Inc.
(Name of Company)

1230 West Peachtree Street, N.W.
(Street Address)

Atlanta, GA 30302-4985
(City and State)

CERTIFICATE ISSUED TO:

Dr. Ernest Regna

Chief-Solid Waste Branch

26 Federal Street

New York, NY

THIS CERTIFICATE IS FOR 85% OF THE LIMIT SHOWN HEREON

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. The "Insurers" hereon being:-

80.00% (33.33% Walbrook Ins. Co. Ltd.
(10.75% El Paso Ins. Co. Ltd.
(18.82% Dart Ins. Co. Ltd.
(8.06% Louisville Ins. Co. Ltd
(8.61% Bermuda Fire & Marine Ins. Co. Ltd.
(10.75% "Winterthur" Swiss Ins. Co.
(9.68% Mutual Reinsurance Co. Ltd.
Per: H.S. Weavers (Underwriting) Agencies
Limited.

2.78% British National Life Insurance Society Limited

1.85% Yasuda Fire & Marine Insurance Company (UK) Limited
Per Leslie and Godwin Agencies Limited

0.37% Assicurazioni Generali S.p.A.

MS
12.11.82
PSAC 12/11/82
12.11.82

hereby certify that they have issued liability insurance covering bodily injury and property damage to the "Insured" being:-

COLGATE-PALMOLIVE COMPANY AND SUBSIDIARY, ASSOCIATED, AFFILIATED COMPANIES OR OWNED AND CONTROLLED COMPANIES AS NOW OR HEREAFTER CONSTITUTED.

in connection with the Insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at the Insureds' facilities as described in the attached schedule for sudden accidental occurrences. The limits of liability are the difference between \$1,000,000 each occurrence, \$2,000,000 annual aggregate and \$1,000,000 each occurrence, \$1,000,000 annual aggregate, exclusive of legal defense costs.

The coverage is provided under policy number 020137600 issued on the 19th July 1982. The effective date of said policy is 1st January 1982

Cont/...

2. The "Insurers" further certify the following with respect to the insurance described in paragraph 1:-

- (a) Bankruptcy or insolvency of the Insured shall not relieve the Insurers of their obligations under the policy.
- (b) The Insurers are liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurers. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurers agree to furnish to the Regional Administrator, a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurers or the Insured, will be effective only upon written notice and only after the expiration of sixty(60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty(30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

We hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151 (J) as such regulation was constituted on the date first above written, and that the Insurers are licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

SCHEDULE

| <u>ADDRESS</u> | <u>IDENTIFICATION NUMBER</u> |
|---|------------------------------|
| Colgate-Palmolive Company 105 Hudson Street Jersey City, N J 07302 | NJD 062044367 |
| Colgate-Palmolive Company Box 1445 Louisville, Kentucky 40201 | IND 990681470 |
| Colgate-Palmolive Company 1806 Kansas Avenue Kansas city, KS 66105 | KSD 007157696 |
| Colgate-Palmolive Company 909 River Road Piscataway, NJ 08854 | NJD 068693167 |
| Colgate-Palmolive Company 2700 Seventh Street Berkeley, CA 94710 | CAD 009173733 |
| The Kendall Company P.O. Box 430 Augusta, GA 30913 | GAD 001534619 |
| The Kendall Company U.S. 31 W. North Franklin, KY 42134 | KYD 062979158 |
| NDM Corporation (New Dimensions in Medicine) 3040 East River Road Dayton, Ohio 45439 | OHG 004245197 |
| Plastronics, Inc. 407 E. Michigan Street Milwaukee, Wisconsin 53202 | WID 006086110 |

The Kendall Company
Route 112
Griswoldville,
MA 01345

MAD 0003697

The Kendall Company
17 Hartwell Avenue
Lexington,
MA 02173

MAD 075363739

Princess House, Inc.
RFD No. 1
North Dighton,
MA 02764

MAD 000191700

Hampshire Lead Crystal
455 Somerset Avenue
North Dighton,
MA 02764

MAD 084801430

Pet Chemicals, Inc.
7781 N.W. 73rd Court
P.O. Box 660656
Miami,
Florida 33166

SLD 04123964

Riviana Foods, Inc.
P.O. Box 278
Abbeville,
Louisiana 70510

LAD 0007391

Etonic, Inc
147 Centre Street
Brockton,
MA 02403

MED 002578409

SCHEDULE

| NAME OF FAC. | ADDRESS | EPA Id. No. |
|--|--|---------------|
| Etonic, Inc. | 147 Centre St., Brockton, MA. 02403 | MED 002578409 |
| Riviana Foods, Inc. | P.O. Box 278, Abbeville, Louisville 70510 | LAD 0007391 |
| Pet Chemicals, Inc. | 7781 N.W. 73rd Court, P.O. Box 660656, Miami, Fl. 33166 | SLD 04123964 |
| Hampshire Lead Crystal | 455 Somerset Avenue, North Dighton, MA 02764 | MAD 084801430 |
| Princess House, Inc. | RFD #1, North Dighton, MA 02764 | MAD 000191700 |
| The Kendall Company | 17 Hartwell Avenue, Lexington, MA 02173 | MAD 075363739 |
| The Kendall Company | Route 112, Griswoldville, MA 01345 | MAD 0003697 |
| Plastronics, Inc. | 407 E. Michigan Street, Milwaukee, Wisconsin 53202 | WID 006086110 |
| NDM Corporation (New Dimensions in Medicine) | 3040 East River Road, Dayton, Ohio 45439 | OHD 004245197 |
| The Kendall Company | U.S. 31 W. North, Franklin, KY 42134 | KYD 062979158 |
| The Kendall Company | P.O. Box 430, Augusta, GA 30913 | GAD 001534619 |
| Colgate-Palmolive Co. | 2700 Seventh Street, Berkeley, CA 94710 | CAD 009173733 |
| Colgate-Palmolive Co. | 909 River Road, Piscataway, NJ 08854 | NJD 068693167 |
| Colgate-Palmolive Co. | 1806 Kansas Avenue, Kansas City, KS 66105 | KSD 007157696 |
| Colgate-Palmolive Co. | Box 1445, Louisville, KY 40201 | IND 990681470 |
| Colgate-Palmolive Co. | 105 Hudson Street, Jersey City, New Jersey 07302 | NJD 062044367 |

5/5/83
RS

COST ESTIMATES FOR CLOSURE AND POST CLOSURE

FACILITY ID 070062044367

NEW ENTRY -

CHANGE ENTRY X

O/C

DELETE ENTRY -

CURRENT CLOSURE COST ESTIMATE 50000

CURRENT POST CLOSURE COST ESTIMATE -----

PRIOR CLOSURE COST ESTIMATE -----

PRIOR POST CLOSURE COST ESTIMATE -----

INSTRUMENTS FOR ASSURANCE

FACILITY ID NJ 0062044362

CODE

C

NEW ENTRY X

SEQUENCE NO

CHANGE ENTRY -

DELETE ENTRY -

OK

AMOUNT COVERED CLOSURE 50000

STATUS

A

AMOUNT COVERED POST CLOSURE -----

MULTI FACILITY IND

X

CURRENT VALUE CLOSURE -----

CURRENT VALUE POST CLOSURE -----

FREE FIELD 1

-

FREE FIELD 2

--

FREE FIELD 3

DATE EFFECTIVE 830203

DATE EXPIRES -----

PAYMENTS FOR CLOSURE -----

PAYMENTS FOR POST CLOSURE -----

COST FUND PAY-IN PERIOD --

INSTRUMENT NO -----

COMMENT TEXT (80 CHARACTERS MAXIMUM) :

FINANCIAL PARTIES

NEW ENTRY ☒

CHANGE ENTRY -

DELETE ENTRY -

SEQUENCE NO

NAME FEDERAL INSURANCE

MAILING ADDRESS 51 JOHN F. KENNEDY PARKWAY

CITY SHORT HILLS

STATE NJ

ZIP CODE 07078

FINANCIAL PARTIES

NEW ENTRY -

CHANGE ENTRY -

DELETE ENTRY -

SEQUENCE NO

NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

On 10/24/89 I conducted a RCRA inspection at the Colgate Polymolive Plant in Jersey City. The facility representative was Theodore Mrozinski, Plant Environmental Engineer.

This facility used to be a large surfactant and specialty product manufacturing plant (cosmetics, personal care products, house hold chemicals). In its hay-day the facility covered 12 city blocks. The company started operations here in 1847.

Currently, the facility has been closed since Jan. 1985. All final process operations ceased in April of 1988. This facility is covered under ECRA closure numbers 86-361, and 86-386. The facilities NPDES permit was cancelled about April, 1989.

There are four Colgate-Polymolive employees active at this ⁵ site. Mr. Mrozinski and the others perform primarily administrative functions. All other workers on site are from the various contract organizations being utilized for the cleanup operations.

As operations have been completely halted for over 6 months, the company does not generate any regular waste streams. However, considerable amounts of waste is being generated from the cleanup. Many of these materials are found abandoned in personnel lockers, and in out of the way areas of the facility, as well as draining transformers and other equipment.

2/2

A visual inspection of the site was performed. All areas of the facility appeared to be in compliance. Manifests were checked and found to be in good order. All other required documentation was complete and up to date for all Colgate-Palmolive employees currently on site. There were no LDR violations noted.

No further action is needed at this time.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-029

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Colgate Palmolive Co., Inc
FILE NUMBER: 20-09-26
VHT FACILITY FILE NUMBER: _____
PERMIT #: _____
REGION: M
INSPECTION DATE: 10/26/89
INCIDENT/CASE NUMBER: _____
INSPECTION TYPE: RCRA - Gen / LB
RESPONSIBLE AGENCY CODE: S
INSPECTOR'S NAME: Chris Felicetti
INSPECTOR'S AGENCY: NSDEP - DHWM
INSPECTOR'S BUREAU: MBE
EPA ID NUMBER: NSD062044367
ADDRESS: 105 Hudson St.
Jersey City, NJ 07302
LOT: _____ BLOCK: _____
COUNTY: Hudson
FACILITY PERSONNEL: Theodore Mrozinski
TELEPHONE #: (201) 547-2566
OTHER STATE/EPA PERSONNEL: _____
REPORT PREPARED BY: Chris Felicetti
REVIEWED BY: A. Sterling
DATE OF REVIEW: 11/14/89

NOV 13 1989

TIME IN: _____

TIME OUT: _____

PHOTOS TAKEN () YES (☒) NO

IF YES, HOW MANY? _____

SAMPLE TAKEN () YES (☒) NO

NO. OF SAMPLES _____

NJDEP SAMPLE ID#: _____

MANIFESTS REVIEWED (☒) YES () NO

Number of manifests in compliance 37

Number of manifests not in compliance 0

List manifest document numbers of those manifests not in compliance.

-B-

Describe the activities that result in the generation of hazardous waste.

and disposal
Lab packing of misc. chemicals and materials found
During cleanup and ~~destruction~~ demolition of the facility

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

~ 12 drums of various wastes waiting proper classification

GENERAL

GENERAL CHECKLIST

YES NO N/A

7:26-7.4(a)1

Does the Generator have an EPA ID number?

✓ — —

HAZARDOUS WASTE DETERMINATION

7:26-8.5(a)

Did the generator test its waste to determine whether it is hazardous?

✓ — —

7:26-8.5(b)

Did the generator determine the hazardous characteristics based upon knowledge of process?

— ✓ —

Is the waste hazardous?

✓ — —

7:26-8.5(d)

Were test results, waste analysis, or other determinations made in accordance with this section kept for three years from the date that the waste was last sent to an on-site or off-site TSF?

✓ — —

MANIFESTS

7:26-7.4(a)4

Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).

— — —

7:26-7.4(a)4i

The generator's name, address and phone number.

✓ — —

7:26-7.4(a)4ii

The generator's EPA ID number.

✓ — —

7:26-7.4(a)4iii

The hauler(s) name, address phone number and NJ registration.

✓ — —

7:26-7.4(a)4iv

The hauler(s) EPA ID number.

✓ — —

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

✓ — —

7:26-7.4(a)4vi

The TSF's EPA ID number.

✓ — —

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

✓ — —

7:26-7.4(a)4vii

The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?

✓ — —

7:26-7.4(a)4viii

Special handling instructions and any other information required on the form to be shipped by generator?

✓ — —

| | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|-----------------|--|-------------------------------------|--------------------------|-------------------------------------|
| 7:26-7.4(3) | Did the generator describe all N.O.S. wastes in Section J? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-7.4(a)ix | When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-7.4(a)5 | Before allowing the manifested waste to leave the generator's property, did the generator: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-7.4(a)51 | Sign the manifest certification by hand? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-7.4(a)511 | Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-7.4(a)511i | Retain one copy and forward one copy to the state of origin and one copy to the state of destination? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-7.4(a)51v | Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-7.4(a)5v | Give the remaining copies of the manifest form to the hauler? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.26-7.4(f) | Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-7.4(h)1 | Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-7.4(h)1 | If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7:26-7.4(h)2 | Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☒ Containers
☐ Tanks (greater than 90 days)
 (complete HWMF (TSD) Facility Checklist)
☐ Tanks (less than 90 days)
☐ Above ground
☐ Below ground
☐ Surface impoundments
 (complete HWMF (TSD) Facility Checklist)
☐ Piles (complete HWMF checklist)

YES NO N/A

7:26-9.3(a)1

Is waste accumulated for more than
90 days?

____ ✓ ____

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSF) CHECKLIST IS
FILLED OUT.

Short term accumulation standards for generators who accumulate waste in containers and tanks for 90 days or less:

| | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|-------------------|--|-------------------------------------|--------------------------|--------------------------|
| <u>Containers</u> | | | | |
| 7:26-9.4 | What type of containers are used for storage. Describe size, type, quantity, and nature of waste (e.g. 12 fifty-five gallon drums of waste acetone). | Steel, and poly | 55 gal Drums | |
| 7:26-9.4(d)2 | Do the containers appear to be in good condition, not in danger of leaking? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, describe the problem (include number of containers involved.) | | | |
| 7:26-9.4(d)4i | Are all containers securely closed except those in use? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(d)4i1i | Do the containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing and/or leaking? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(d)4iv | Are containerized hazardous wastes segregated in storage by waste type? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(d)4v | Is every container arranged so that its identification label is visible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(d)5 | Is the container storage area inspected at least daily? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(d)6 | Are containers holding ignitable and reactive wastes located at least 50 (fifty) feet (15 meters) from the facilities property line? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-7.2(a) | Did the owner/operator conspicuously label appropriate manifest number on all hazardous waste containers that are intended for shipment? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.3(a)3 | Is each container clearly dated with each period of accumulation so as to be visible for inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | YES | NO | N/A |
|---|---|-------------------------------------|--------------------------|--------------------------|
| 7:26-7.2(b) | Did the owner/operator insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations? (49CFR 171, 179) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tanks (Less than 90 day storage) | | | | |
| 7:26-9.3(b) | Does the generator accumulate hazardous waste on-site in an above ground tank? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, describe the tank(s): | | | |
| | 1) Capacity _____ | | | |
| | 2) Shell thickness _____ | | | |
| | 3) Material Construction _____ | | | |
| | 4) Age of tank _____ | | | |
| 7:26-9.3(b) | Does the generator have written approval from the Department to store hazardous waste(s) in this tank(s) for ninety days or less? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.3(b)1 | Does each tank(s) have sufficient shell thickness to ensure the tank will not collapse or rupture as specified by the Department? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.3(b)4 | Is the tank(s) designed so that at least 99% of the volume of each of the tanks can be emptied by direct pumping or drainage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.3(b)5 | Is each tank(s) rendered empty (1% or less remaining) every 90 days or less? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.3(b)6 | Are all wastes removed from the tank(s) shipped off-site to an authorized facility or placed in an on-site, authorized facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.3(b)8 | If part of the tank is below grade, is it constructed to allow visual inspection of the tank, comparable to a totally above-ground tank and is secondary containment provided for the below grade part? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-10.5(c)1 | Are materials which are incompatible with the material of construction of the tank(s) placed in the tank(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-10.5(c)2 | Does the generator use appropriate controls and practices to prevent overfilling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|-----------------|---|------------|-----------|------------|
| 7:26-10.5(c)2i1 | For uncovered tanks, is there sufficient (two feet or acceptable documentation) freeboard to prevent overtopping by wave or wind action by or precipitation? | — | — | — |
| 7:26-9.3(b)3 | Does each tank(s) or storage tank area have secondary containment? | — | — | — |
| 7:26-10.5(d)1 | Is the containment system capable of collecting and holding spills, leaks, and precipitation? | — | — | — |
| 7:26-10.5(d)1i | Is the base underlying the tank(s) free from cracks, gaps, and sufficiently impervious to contain leaks, spills, and accumulated rainfall until the collected material is detected and removed? | — | — | — |
| 7:26-10.5(d)1i | Does the containment system consist of material compatible with the wastes being stored? | — | — | — |
| 7:26-10.5(d)1ii | Is the containment system sloped or otherwise designed to efficiently drain and remove liquids resulting from leaks, spills and precipitation? | — | — | — |
| 7:26-10.5(d)1ii | Is the tank protected from contact with accumulated liquids? | — | — | — |
| 7:26-10.5(d)iv | Does the containment system have sufficient capacity to contain ten percent of the volume of all tanks or the volume of the largest tanks whichever is greater? | — | — | — |
| 7:26-10.5(d)2 | Is run-on into the containment area prevented? | — | — | — |
| | If not, explain. | | | |
| 7:26-10.5(d)3 | Is precipitation removed from the pump or collection area in a timely manner to prevent blockage or overflow of the collection system? | — | — | — |
| 7:26-10.5(d)4 | Is spilled or leaked waste removed from the pump or collection area daily? | — | — | — |

YES NO N/A

| | | | | |
|-----------------|--|-------------------------------------|--------------------------|--------------------------|
| 7:26-10.5(d)41 | If the collected material is hazardous waste under NJAC 7:26-8, it is managed as a hazardous waste in accordance with all applicable requirements of this chapter? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(g)4 | <u>Personnel Training</u> Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(g)5 | Has facility personnel taken part in an annual review of initial training? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(g)2 | Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan to implementation) relevant to the positions in which they are employed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Is there written documentation of the following: | | | |
| 7:26-9.4(g)61 | Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(g)611 | A written job description for each position related to hazardous waste management? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(g)6111 | A written job description on the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(g)61v | Documentation of actual training or experience received by personnel? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(g)7 | Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--------------|---|------------|-----------|------------|
| 7:26-9.6 | <u>Preparedness and prevention</u> | | | |
| | Does the facility comply with preparedness and prevention requirements including maintaining: | | | |
| 7:26-96(b)1 | An internal communications or alarm system? | ✓ | — | — |
| 7:26-9.6(b)2 | A telephone or other device to summon emergency assistance from local authorities? | ✓ | — | — |
| 7:26-9.6(b)3 | Portable fire equipment, spill control equipment, and decontamination equipment? | ✓ | — | — |
| 7:26-9.6(b)4 | Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray system? | ✓ | — | — |
| 7:26-9.6(c) | Is equipment tested and maintained? | ✓ | — | — |
| 7:26-9.6(d)1 | Is there immediate access to communications or alarm systems during systems during handling of hazardous waste? | ✓ | — | — |
| 7:26-9.6(e) | Adequate aisle space (18") to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment? | ✓ | — | — |
| | If no, please explain. | | | |
| | In your opinion, do the types of waste on site require all of the above procedures, or are some not required? | ✓ | — | — |
| | Explain. | | | |
| 7:26-9.6(f) | Has the facility made the following arrangements, as appropriate for the type waste handled on site: | | | |
| 7:26-9.6(f)1 | Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled - associated hazardous places where facility personnel would normally be working, entrances and roads inside facility and possible evacuation routes. | ✓ | — | — |

| | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|----------------|--|-------------------------------------|--------------------------|-------------------------------------|
| 7:26-9.6(f)2 | Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.6(f)3 | Agreements with emergency response contractors, and equipment supplies? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.6(f)4 | Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosion, or discharges at the facility? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.6(f)5 | Arrangement with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.6(f)6 | If authorities identified in (f)1 through 5, above decline to enter into such arrangements, has the owner, or operator documented this refusal in the operating record. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7:26-9.4(g)8 | Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7.26-9.7? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.4(g)81 | If no, did the owner or operator petition the Department for an exemption from the semi annual drills requirement? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7:26-9.4(g)811 | Did the owner or operator petition the Department for an exemption excluding some or all local officials in the semi annual drill requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | If yes, did the owner operator provide those specific local officials with written approval of the exemption? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

YES NO N/A

- 7:26-9.7 Contingency Plan and Emergency Procedures
- 7:26-9.7(a) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents into air, soil or surface water? ☒ ☐ ☐
- 7:26-9.7(b) Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment? ☒ ☐ ☐
- 7:26-9.7(c) Does the contingency plan describes the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility? ☒ ☐ ☐
- 7:26-9.7(d) Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq. ☐ ☐ ☒
- If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section? ☐ ☐ ☒
- 7:26-9.7(e) Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services? ☒ ☐ ☐

YES NO N/A

- 7:26-9.7(f) Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates? ✓

- 7:26-9.7(g) Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external) and decontamination equipment), where this equipment is required? Is the list up-to-date? In addition, does the plan include the location and physical description of each item on the list, and a brief outline of its capabilities? ✓

- 7:26-9.7(h) Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in case where the primary route could be blocked by releases of hazardous waste or fires)? ✓

- 7:26-9.7(i) Is a copy of the contingency plan and all revisions to the plan:
1. Maintained at the facility; ✓

 2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)? ✓

- 7:26-9.7(k) Is there an employee on site or on call at all times with the responsibility of coordinating all emergency response measures? ✓

FROM:

DATE:

SUBJECT:

Inspector: Felice T.
Address: MSDEP West Orange
Telephone No: (201) 260-5065

RCRA LAND DISPOSAL RESTRICTION
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

A. Handler Name Colgate - Palmolive Co., Inc. B. Street (or other identifier) 105 Hudson St.
C. City Jersey City D. State NJ E. Zip Code 07302 F. County Name Hudson
G. Nature of Business; Identification of Operations: SIC Code(s) - Facility Closed
H. EPA ID # NJD 062044367
I. Handler Contact (Name and Phone Number) Theodore Mrozinski

II. GENERATOR COMPLIANCE

Comments

A. Waste Identification

1. F-Solvents

a. Does the handler generate the following wastes?

(i) F001, F002, F004, or F005 Yes ✓ No

(ii) F003 ✓ Yes No

If an F003 wastestream (listed solely for ignitability) has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic?

 Yes No

b. Source of the above: Form 8700-12 ; Part A ; Part B ; Biennial/Annual Reports
other (specify) ✓ manifests

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A-1. To assist in identifying potentially

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

misclassified F-solvents, Appendix A-2 presents a list of corresponding P and U wastes. Note concerns below:

NONE

2. Dioxin wastes

- a. Does the handler report the generation of the following wastes? (The following industries may generate listed dioxin wastes: organic chemicals, pesticide or formulator.)

(i) F020 - F023, F026 - F027 ☐ Yes ☒ No
(ii) F028 ☐ Yes ☒ No

[F-solvent BD&T standards are presented as Appendix B]

3. California Waste Identification

- a. Does the facility handle any of the following wastes?

(i) D002 ☒ Yes ☐ No
(ii) D004 - D011 ☒ Yes ☐ No

- b. Does the generator handle any hazardous wastes characterized by high concentrations of halo-genated organic constituents (HOCs), metals, or cyanides?

☒ Yes ☐ No
[California waste standards are presented as Appendix C]

- c. Is the generator handling any of the F, K, P, or U wastes subject to the "soft hammer" that may qualify as California wastes due to HOC, metals, or cyanide content? See Appendix D for a listing of California constituents likely to be found by waste code.

☐ Yes ☒ No

- Potential

- d. Has the generator conducted the paint filter test (Method 9095) [§268.32(i)]?

☐ Yes ☒ No*

- Known liquids

- e. Has the generator conducted any testing of these hazardous wastes to determine whether the concentrations qualify the hazardous wastes as California wastes?

☒ Yes ☐ No

If no, has the generator retained records documenting his "applied knowledge" that the hazardous waste is not a California waste?

☐ Yes ☐ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

If "no" is answered to both parts of this question, a violation is indicated. [§268.7(a)]

Describe the nature of the records:

Lab analysis - Total waste

- f. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) ✓.

4. First Third Waste Identification

- a. Does the generator handle any of the wastes listed as First Third Wastes in §268.10? See Appendix E for listing. List First Third Wastes handled by the generator here:

Potential

- b. Does the generator handle any soft-hammer wastes (Appendices D-1, D-2, and F)? If so, list those wastes:

Potential

- c. Are any of the soft-hammered wastes California wastes (see Appendix G)? ✓ Yes ✓ No

If yes, the wastes must meet BDAT standards prior to disposal.

- d. Has the Regional Administrator received demonstrations/certifications for all soft hammered wastes to be land disposed [§268.8(a)(2)]? ✓ Yes ✓ No*

- e. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) _____.

B. BDAT Treatability Group - Treatment Standards Identification

1. Does the generator mix restricted wastes with different treatment standards for constituents of concern? ✓ Yes ✓ No
2. If yes, did the generator select the most stringent treatment standard for the constituent of concern [§268.41(b)]? ✓ Yes ✓ No*

all wastes are from facility cleanup and demolition. Potentially any wastes could be found.

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

3. F Solvents - -

- a. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

☒ Yes ☐ No*

4. California Wastes

- a. Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [§268.32(h)]?

☒ Yes ☐ No*

5. First Third Wastes

- a. Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [§268.7(a)]? *NA*

☐ Yes ☐ No*

- b. Does the facility handle K061 wastes?

☐ Yes ☒ No

If yes, were nonwastewaters appropriately classified in either the high or low zinc subcategories (≥15% Zn) [§268.7(a)] [§268.41(a)]?

☐ Yes ☐ No*

- c. Does the facility handle K101 or K102 wastes?

☐ Yes ☒ No

If yes, were nonwastewaters appropriately classified in either the high or low arsenic subcategories [§268.7(a)] [§268.41(a)]?

☐ Yes ☐ No*

- d. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)?

☐ Yes ☒ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

C. Waste Analysis - -

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes ☐ Yes ☒ No

(i) List wastes for which "applied knowledge" was used:

b. TCLP ☐ Yes ☒ No

(i) List wastes for which "TCLP" was used:

(ii) Appendix D lists wastes for which treatment standards are expressed as concentrations in waste extract. Were any wastes handled by the generator subject to waste extract standards not tested using the TCLP? ☐ Yes ☒ No

If yes, list: _____

c. Total waste analysis ☒ Yes ☐ No

d. If files were retained, describe content and basis of applied knowledge determination:

total waste profiles.

If determined by TCLP or total constituent analysis, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: _____

Note which wastes were subjected to which tests:

Note any problems (e.g., inadequate analysis, variation of waste composition/generation for applied knowledge) none.

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

- e. Were wastes tested using TCLP or total constituent analysis when a process or wastestream changed [§264.13(a)(3)(i) or §265.13(a)(3)(i)]? ~~Yes~~ ☒ Yes ☐ No*

2. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(1)]?

List those that exceeded standards: _____

no consistent wastes generated.

List those that did not exceed standards: _____

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3] ☐ Yes* ☒ No

D. Management

1. Onsite management

- a. Were restricted wastes managed onsite? ☐ Yes ☒ No

If no, go to "2".

- b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted? ☐ Yes ☐ No

If yes, TSDP checklist must be completed.

2. Offsite Management

- a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]:

(i) EPA Hazardous Waste Number? ☒ Yes ☐ No*

(ii) Corresponding treatment standard? ☒ Yes ☐ No*

(iii) Manifest number? ☒ Yes ☐ No*

(iv) Waste analysis, if available? ☒ Yes ☐ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

Identify offsite treatment facilities SUN-NJ
HAZ-O-WASTE NY / AETC NJ

- b. If restricted wastes do not exceed treatment standards, did generator provide the disposal facility with a notice and certification including:
- (i) EPA hazardous waste I.D. number? ☒ Yes ☐ No*
 - (ii) Corresponding treatment standard? ☒ Yes ☐ No*
 - (iii) Manifest number ☒ Yes ☐ No*
 - (iii) Certification regarding waste and that it meets treatment standards? ☒ Yes ☐ No*

Identify land disposal facilities receiving the BDAT certified wastes NONE

- c. If the generator's waste is subject to a §268.5 case by case exemption, a §268.6 "no migration" exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [§268.7(a)(3)]: NA

- (i) EPA Hazardous Waste Number? ☐ Yes ☐ No*
- (ii) Corresponding Treatment Standards? ☐ Yes ☐ No*
- (iii) All applicable prohibitions? ☐ Yes ☐ No*
- (iv) The manifest number? ☐ Yes ☐ No*
- (v) The date the wastes are subject to prohibitions? ☐ Yes ☐ No*
- (vi) Does generator keep records of all notifications/certifications sent to offsite facilities? ☐ Yes ☐ No*

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

List all prohibited wastes for which records are not provided per above [§268.7(a)(b):

Identify TSDFs receiving any prohibited wastes subject to any exemptions and variances:

- d. If handler generates a "soft hammer" waste, does the generator send with each "soft hammer" waste shipment to a TSDF and retain copies of, a notice that includes [268.7(a)(4)]: *NA*

The EPA Hazardous Waste Number? ☐ Yes ☐ No*

Applicable prohibitions? ☐ Yes ☐ No*

The manifest number? ☐ Yes ☐ No*

Waste analysis data, where available? ☐ Yes ☐ No

- (i) Do the generator's records indicate that any soft-hammer wastes are destined for disposal in a landfill or surface impoundment [§268.33(f)]? ☐ Yes ☐ No

If yes, list facility of destination and waste of concern [§268.8(a)(2)]

- (ii) Has the generator submitted demonstrations and certifications for each "soft-hammered" waste destined to be disposed in landfill or surface impoundment to the Regional Administrator prior to the shipment of waste to the TSDF [§268.7(a)(2)]? ☐ Yes ☐ No*

- (iii) Has the generator retained a copy of the demonstration on site [§268.8(a)(3)-(a)(4)]? ☐ Yes ☐ No*

- (iv) Has the generator retained copies of all §268.8 certifications sent to the TSDF [§268.7(a)(6)]? ☐ Yes ☐ No*

- A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

- (v) Did the generator submit the demonstration to the receiving facility upon the initial shipment of the waste [§268.8(a)(3)-(a)(4)]? ☐ Yes ☐ No*
- (vi) If the Regional Administrator has invalidated the certification, has the generator ceased shipment of the waste and do records indicate that the generator has informed all receiving facilities of the invalidation [§268.8(b)(3)]? ☐ Yes ☐ No*

E. Storage of Prohibited Waste

1. Were prohibited wastes stored for greater than 90 days? ☐ Yes ☒ No

If yes, was facility operating as a TSD under interim status or final permit [§262.34(b)]? ☐ Yes ☐ No*

If yes, TSDF Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes
(i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes? ☐ Yes ☒ No

If yes, list type of treatment unit and processes

If yes, TSDF checklist must be completed.

DATE RETURNED _____
REASON _____

ACKNOWLEDGEMENT SENT

COLGATE

INTERNAL CHECKLIST

ID # UJD062044367

complete

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐

Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

(i) NON-NOTIFIER ☐

D. (2) NOTIFIED after AUGUST 18, 1980 ☐

Valid ☐

E. (1) FORM 1, VIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐
B. NONREGULATED ☐
C. UNSURE ☐

D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

MISSING:

MAP ☐

DRAWING ☐

PHOTO ☐

AOK.

APPENDIX A

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

| | | |
|---------------------------|------------------------------|-----------------------------|
| tetrachloroethylene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| trichloroethylene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| methylene chloride | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1,1,1-trichloroethane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| carbon tetrachloride | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| chlorinated fluorocarbons | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

| | | |
|---------------------------------------|------------------------------|-----------------------------|
| tetrachloroethylene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| trichloroethylene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| methylene chloride | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1,1,1-trichloroethane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| chlorobenzene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| trichlorofluoromethane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1,1,2-trichloro-1,2,2-trifluoroethane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ortho-dichlorobenzene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

| | | |
|------------------------|---|-----------------------------|
| xylene | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| acetone | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ethyl acetate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ethyl benzene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ethyl ether | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| methyl isobutyl ketone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n-butyl alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| cyclohexanone | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| methanol | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the F003 waste stream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic?

☐ Yes ☐ No

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid
nitrobenzene

☐ Yes ☐ No
☐ Yes ☐ No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene
methyl ethyl ketone
carbon disulfide
isobutanol
pyridine

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

6. Are any of the constituents listed in questions 1 through 5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

- (a) Are the constituents used as chemical carriers?

☐ Yes ☐ No

If yes, list the constituents.

- (b) Are the constituents used for degreasing/cleaning?

☐ Yes ☐ No

If yes, list the constituents.

- (c) Are the constituents used as diluents?

☐ Yes ☐ No

If yes, list the constituents.

- (d) Are the constituents used as extractants?

☐ Yes ☐ No

If yes, list the constituents.

(e) Are the constituents used for fabric scouring?

___Yes ___No

If yes, list the constituents.

(f) Are the constituents used as reaction and synthesis media?

___Yes ___No

If yes, list the constituents.

If the responses to questions 1 through 6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? (A solvent is considered "spent" when it has been used and is no longer usable without being regenerated, reclaimed, or otherwise reprocessed.) ___Yes ___No
8. If the waste is a mixture of constituents as determined in questions 1 through 6, give the concentration before use of all the constituents in the solvent mixture/blend. For example:

| | |
|------------|-----------------------|
| 5% | methylene chloride |
| 2% | trichloroethylene |
| 25% | 1,1,1-trichloroethane |
| <u>68%</u> | mineral spirits |
| 100% | |

If the waste stream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

With respect to the F003 solvent wastes, if, before use, the waste stream is mixed and contains only F003 constituents, it is a listed waste. For example:

| | |
|------------|-------------|
| 33% | acetone |
| 16% | methanol |
| <u>51%</u> | ethyl ether |
| 100% | |

If the waste stream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste. For example:

| | |
|------------|-----------------|
| 50% | xylene (F003) |
| 12% | TCE (F001) |
| <u>38%</u> | mineral spirits |
| 100% | |

If in light of the above, the handler appears to be generating F001 - F005 hazardous wastes, refer this facility to the enforcement official for followup actions verifying the use of solvents at the facility.

APPENDIX B
TREATMENT STANDARDS FOR F-SOLVENTS

| F001-F005 SPENT SOLVENTS | CONCENTRATION (IN MG/L) | |
|---|-------------------------|--------------|
| | WASTEWATERS | OTHER WASTES |
| Acetone | 0.05 | 0.59 |
| N-butyl | 5.0 | 5.0 |
| Carbon disulfide | 1.05 | 4.81 |
| Carbon tetrachloride | .05 | .96 |
| Chlorobenzene | .15 | .05 |
| Cresols (and cresylic acid) | 2.82 | .75 |
| Cyclohexanone | .125 | .75 |
| 1,2-dichlorobenzene | .65 | .125 |
| Ethyl acetate | .05 | .75 |
| Ethyl benzene | .05 | .053 |
| Ethyl ether | .05 | .75 |
| Isobutanol | 5.0 | 5.0 |
| Methanol | .25 | .75 |
| Methylene chloride | .20 | .96 |
| Methylene chloride (from the pharmaceutical industry) | 12.7 | .96 |
| Methyl ethyl ketone | 0.05 | 0.75 |
| Methyl isobutyl ketone | 0.05 | .33 |
| Nitrobenzene | 0.66 | 0.125 |
| Pyridine | 1.12 | 0.33 |
| Tetrachloroethylene | 0.079 | 0.05 |
| Toluene | 1.12 | 0.33 |
| 1,1,1-Trichloroethane | 1.05 | 0.41 |
| 1,2,2-Trichloro 1,2,2-trifluoroethane | 1.05 | 0.96 |
| Trichloroethylene | 0.062 | 0.091 |
| Trichlorofluoromethane | 0.05 | 0.96 |
| Xylene | 0.05 | 0.15 |